



Joint Theater Trauma System: Strategic Overview

MHS Conference
January 2011
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UNCLASSIFIED

JTTS Vision

That every soldier, marine, sailor, or airman injured on the battlefield or in the theater of operations has the optimal chance for survival and maximal potential for functional recovery.

JTTS Mission

- Improve organization and delivery of trauma care
- Improve communication among clinicians in the evacuation chain to ensure continuity of care and access to data
- Populate the JTTR to evaluate care provided, document outcomes, and facilitate conduct of formal research

JTTS Mission

- Evaluate and recommend new equipment or medical supplies for use in theater to improve efficiency, reduce cost, improve outcomes
- Facilitate Morbidity and Mortality conferences to promote real-time, data-driven clinical process improvements and improved outcomes
- Develop and implement clinical practice guidelines; monitor compliance with them

Data

- Data drives doctrine and policy
- Data improves clinical patient care
- Data creates new knowledge

Joint Theater Trauma Registry (JTTR)

- Largest combat Injury database in existence
- All services injury data derived from level IIb, III, IV and V medical charts
 - Scoring of Injuries
 - Diagnosis and Procedures
 - Outcomes
- 23,450 US military injury patients

JTTS Components

R4 - "Right Patient, Right Place, Right Time, Right Care"

Components Across the Continuum of Care

Performance Improvement

- ❖ Patient Safety
- ❖ Feedback Mechanism for Providers Throughout Continuum of Care
- ❖ Loop Closure

Leadership & Communication

- ❖ Trauma Director / Coordinators / Registrars
 - ❖ Intra-Theater
 - ❖ Inter-Theater
- ❖ Recognized Lead Agent and Consulting Assets

Integrated Pre-Hospital, Levels 3-5

- ❖ Integrated approach for MTFs and Divisional Medical Units
- ❖ Coordinated Divisional Evacuation Standard Operating Procedures
 - ❖ Adopt Clinical Practice Guidelines
 - ❖ Communicate
 - ❖ Train

Prevention

- ❖ Linkage with Materiel Developers
- ❖ Service Centers for Health Promotion and Preventive Medicine

Education & Advocacy

- ❖ Linkage with Service Medical Education and Training Centers
- ❖ Joint Combat Trauma Management Course (JCTMC)
- ❖ Trauma Outcomes and Performance Improvement Course - Military (TOPIC-M)

Information Systems

- ❖ Joint Theater Trauma Registry (JTTR)
 - ❖ Data for PI and Analysis
- ❖ Data from Theater Medical Data Store (TMDS)
- ❖ Modules to Support Related Functional Disciplines
- ❖ DoD Trauma Registry - Longitudinal Trauma Registry
- ❖ Provide Data and Information Needs for MTFs / Services / DoD

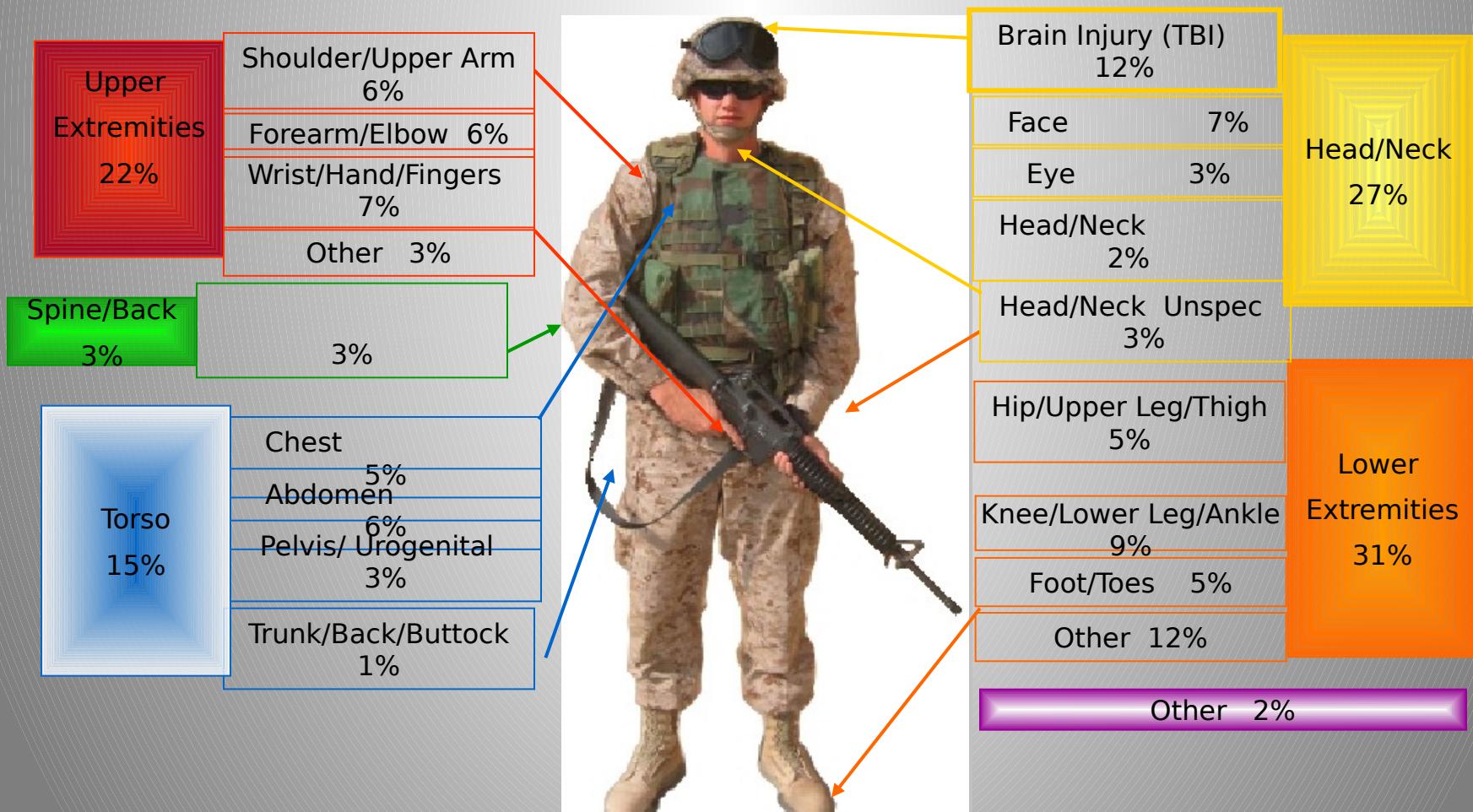
Supports Research

- ❖ Provide Raw Data IAW Established MOAs and Protocols
 - ❖ Provided statistical information through approved protocols

Leadership Visibility
Medical Decision Making

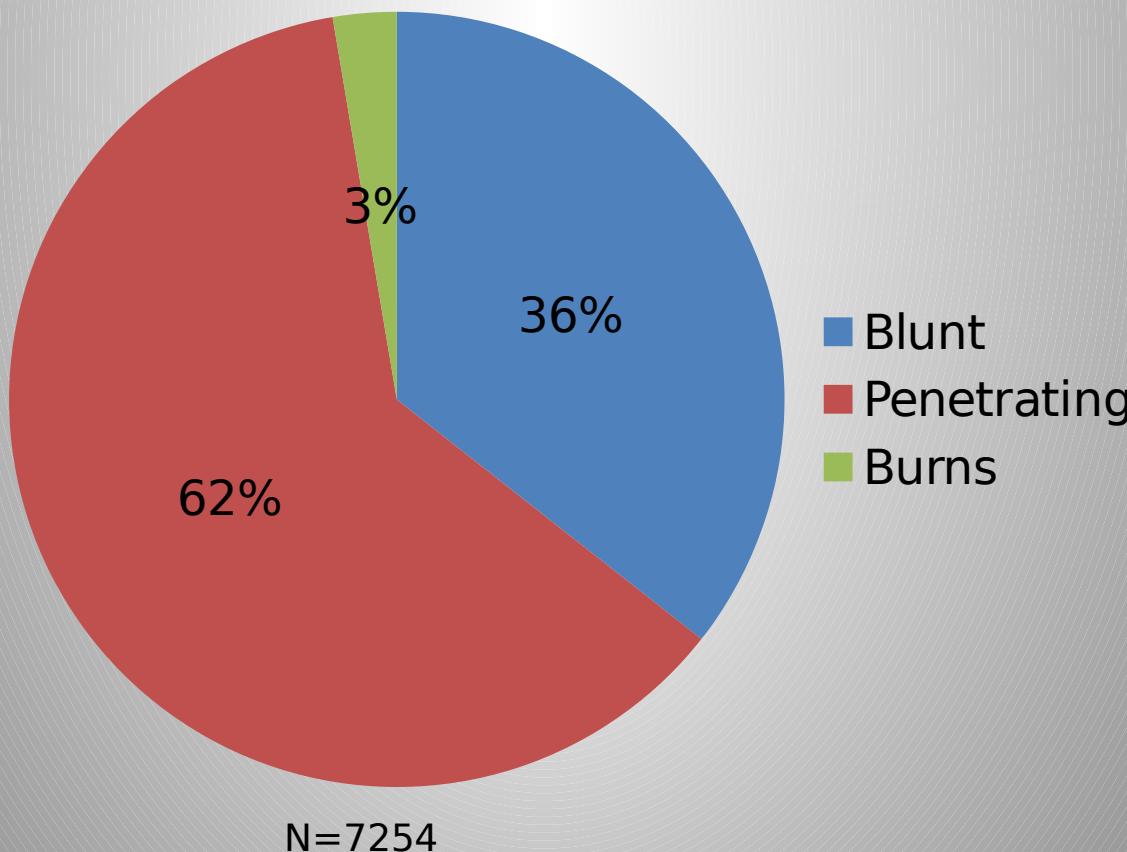
Data drives doctrine and policy

Battle Injuries by Body Region



Source: JTTR September 2001 – September 2010

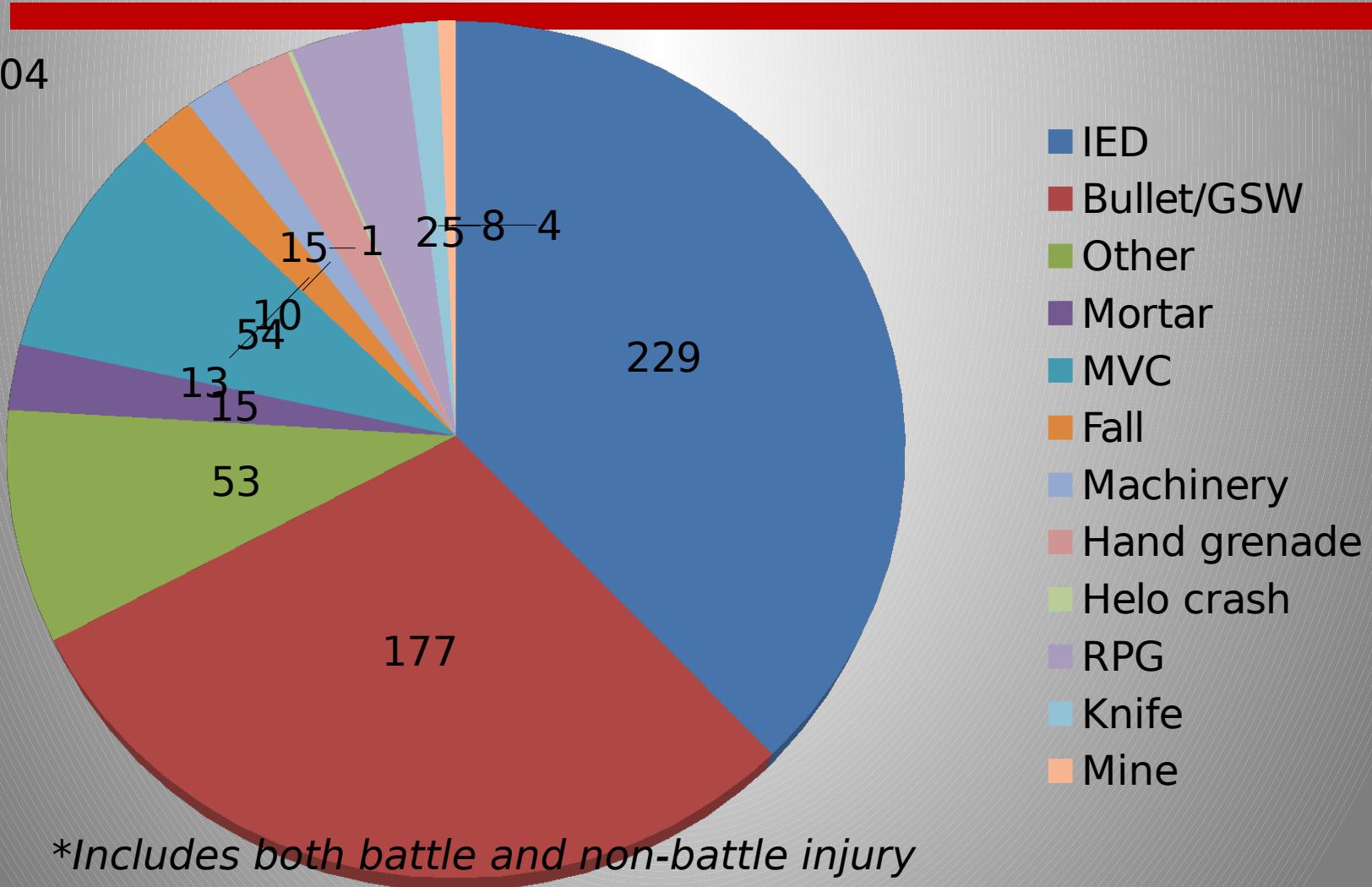
OEF Dominant Mechanism of Injury



Dec 09 - Nov 10

Cause of Injury November 2010

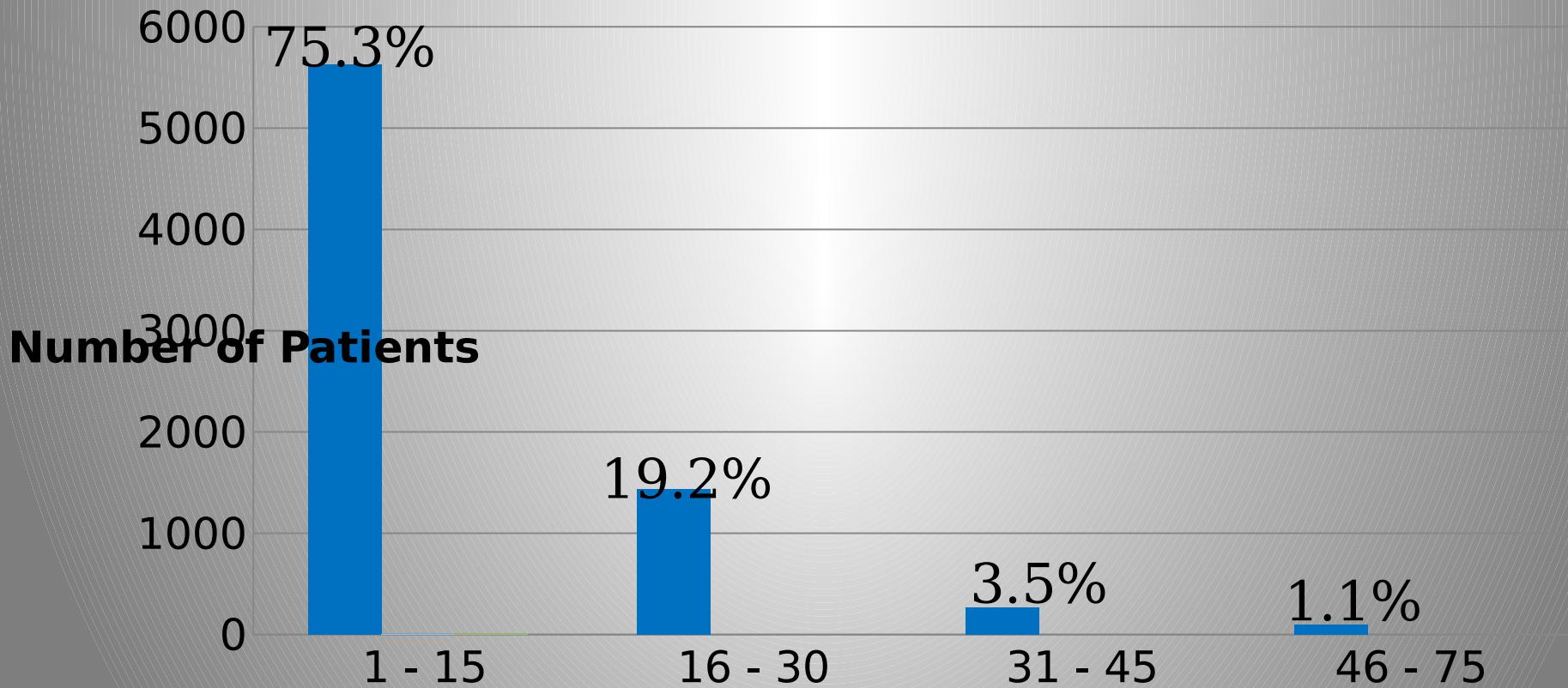
N= 604



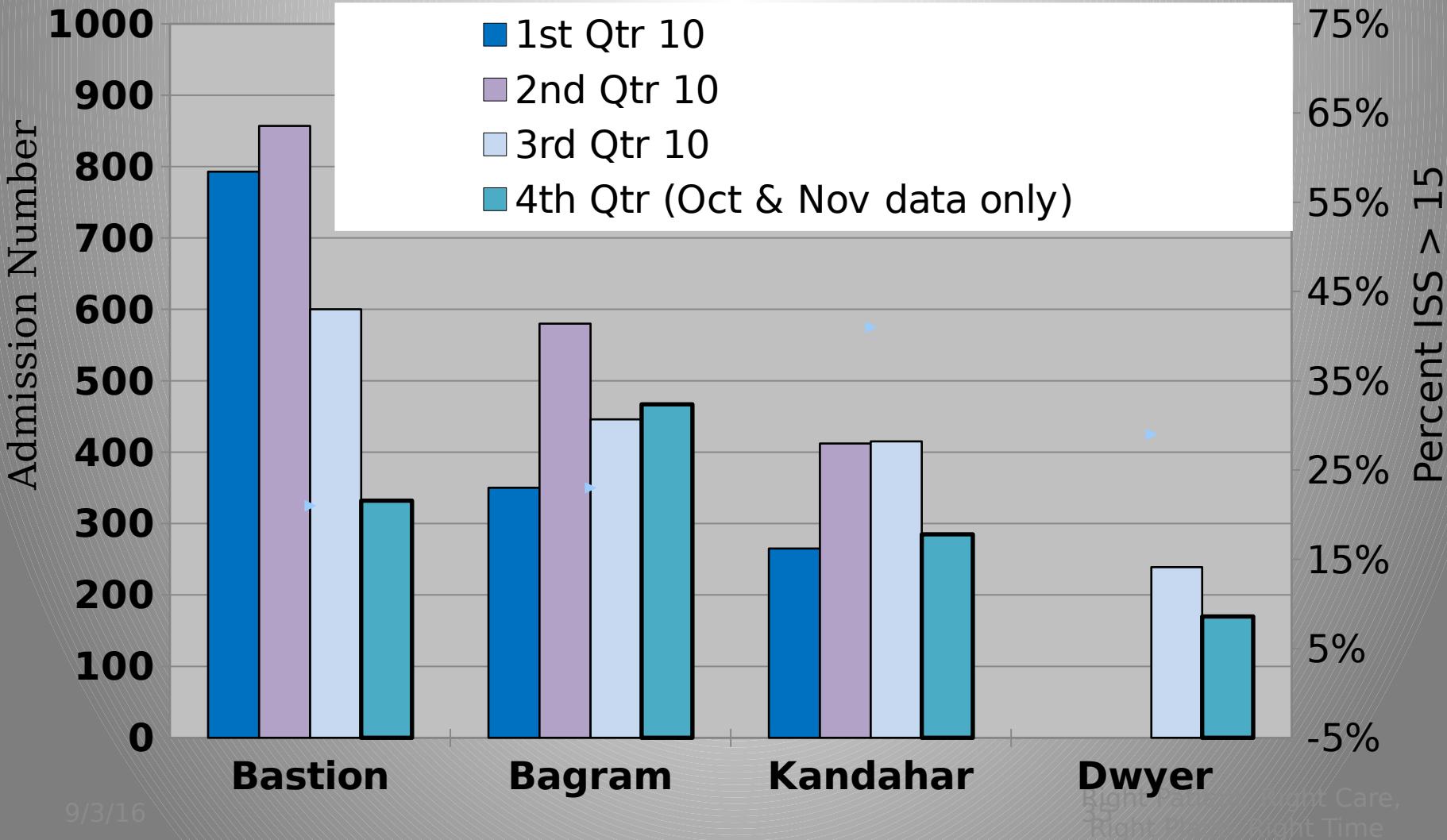
Injury Severity Score



ISS Score Break-down: Dec 09 - Nov 10

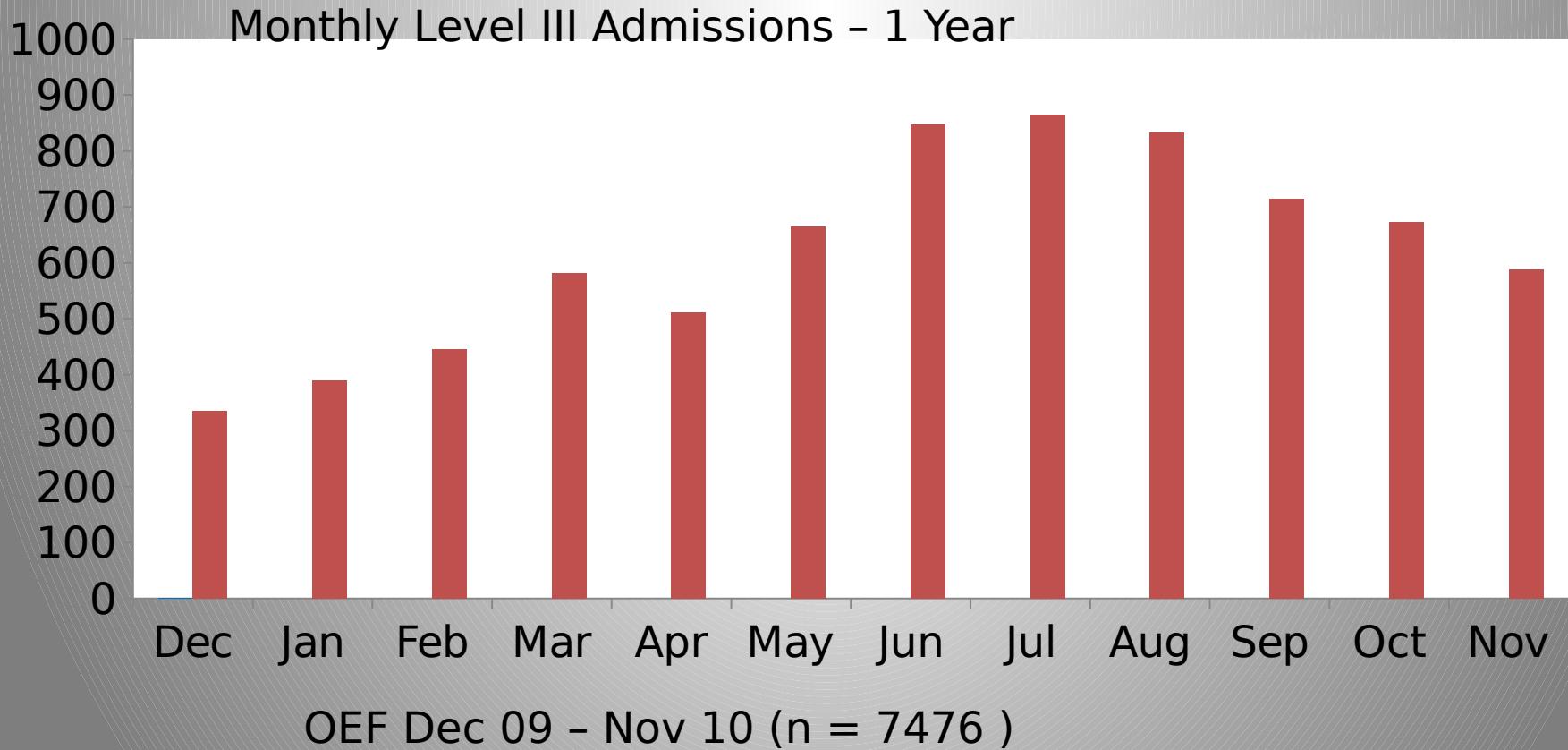


Admissions, Severity of Injury

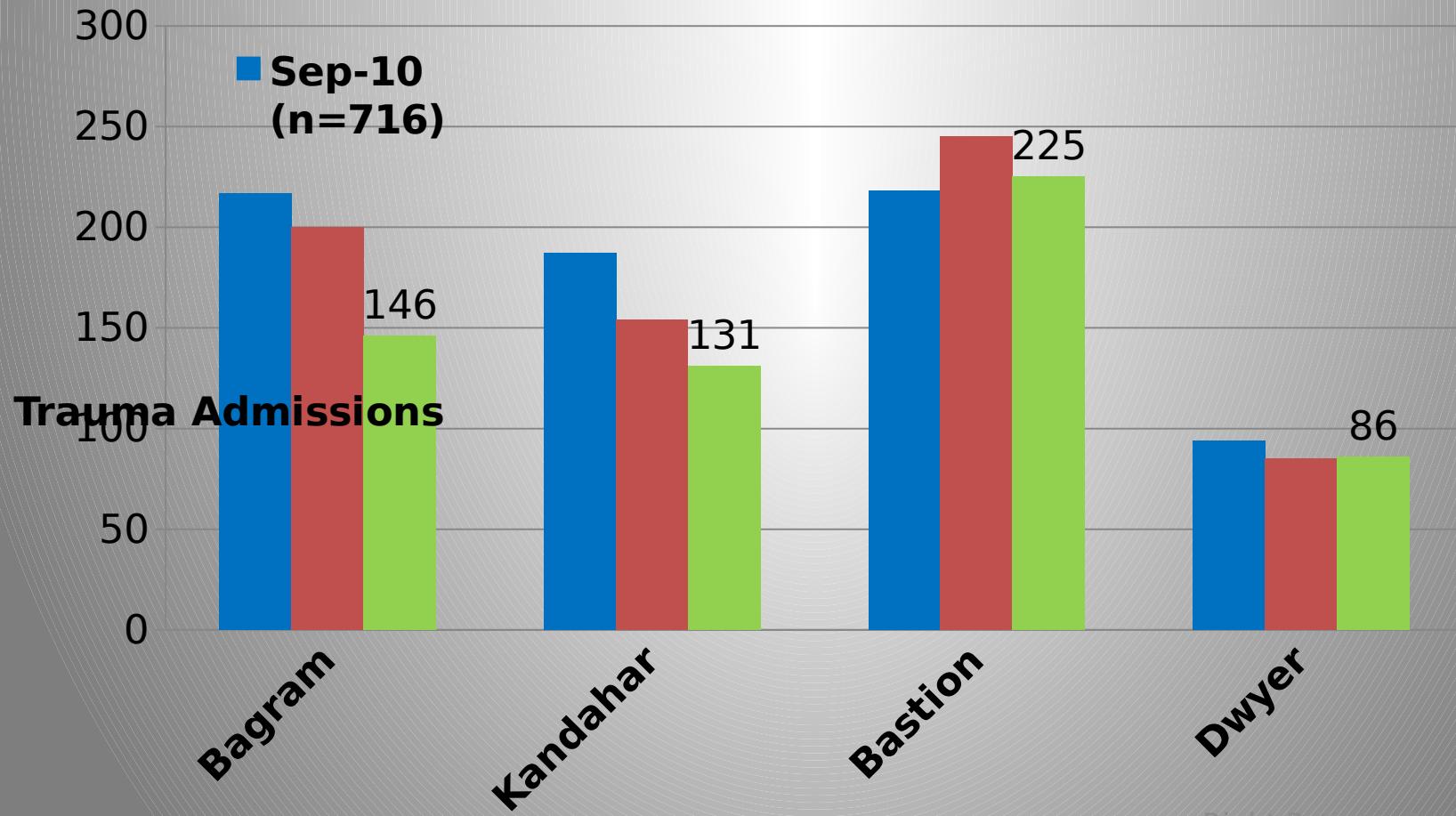




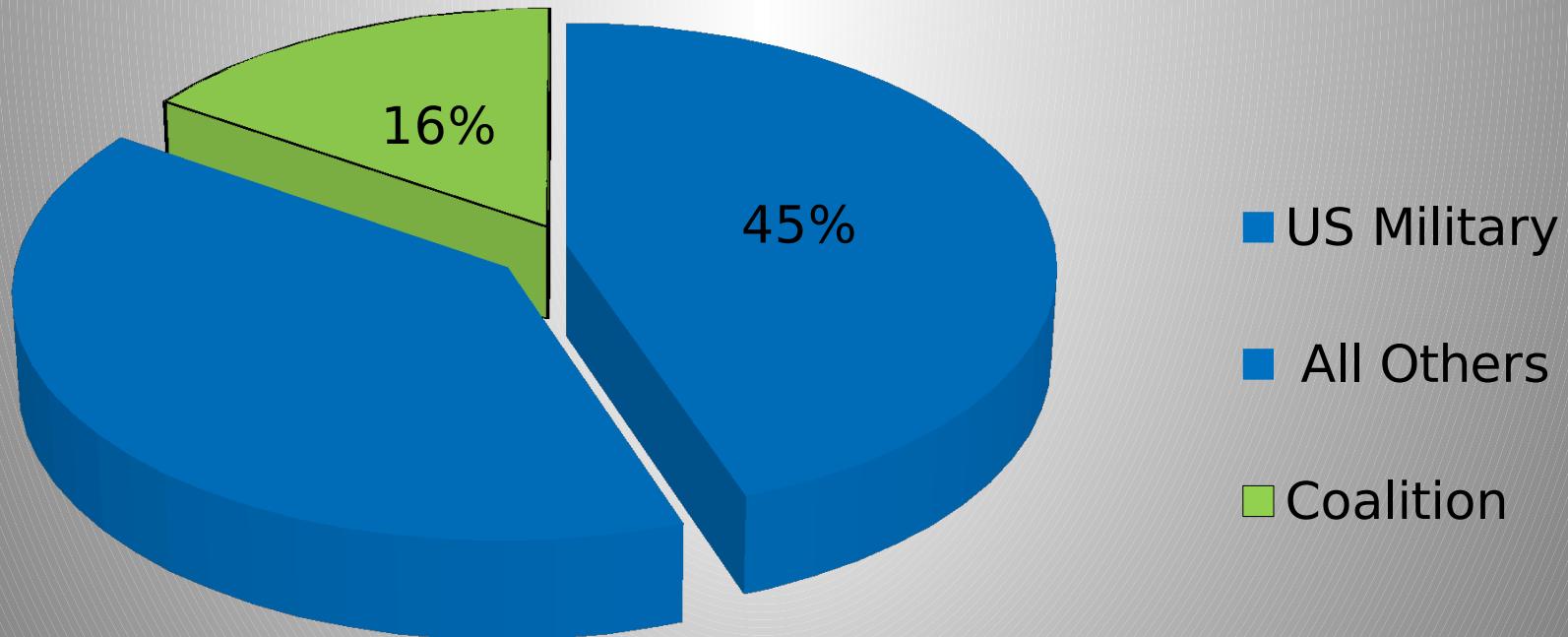
OEF Monthly Admissions



Admissions: 3-Month Snap Shot



Total Admissions (n=7476)



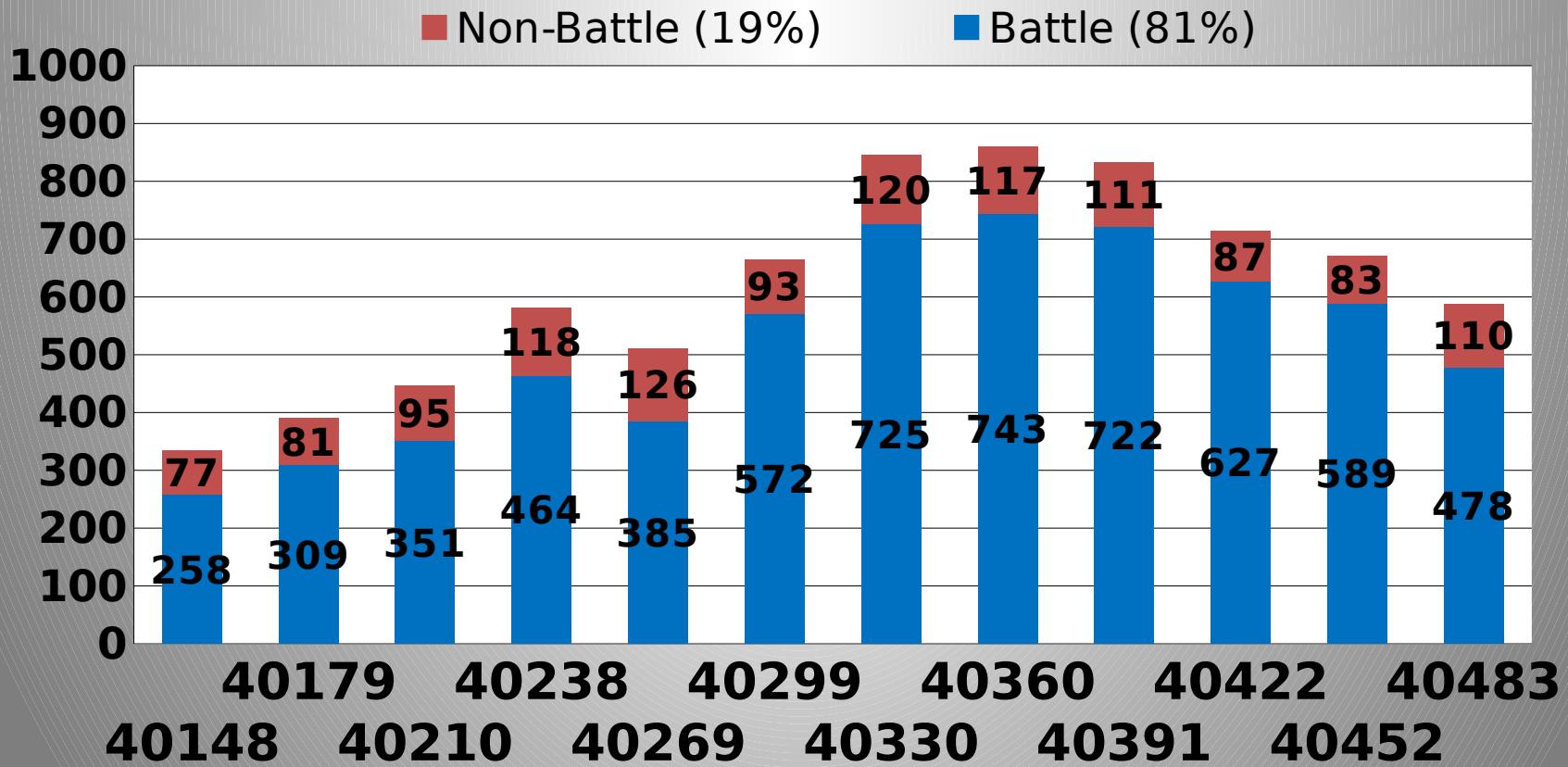
Rolling 12 months: Dec 09 – Nov 10

OEF Admissions

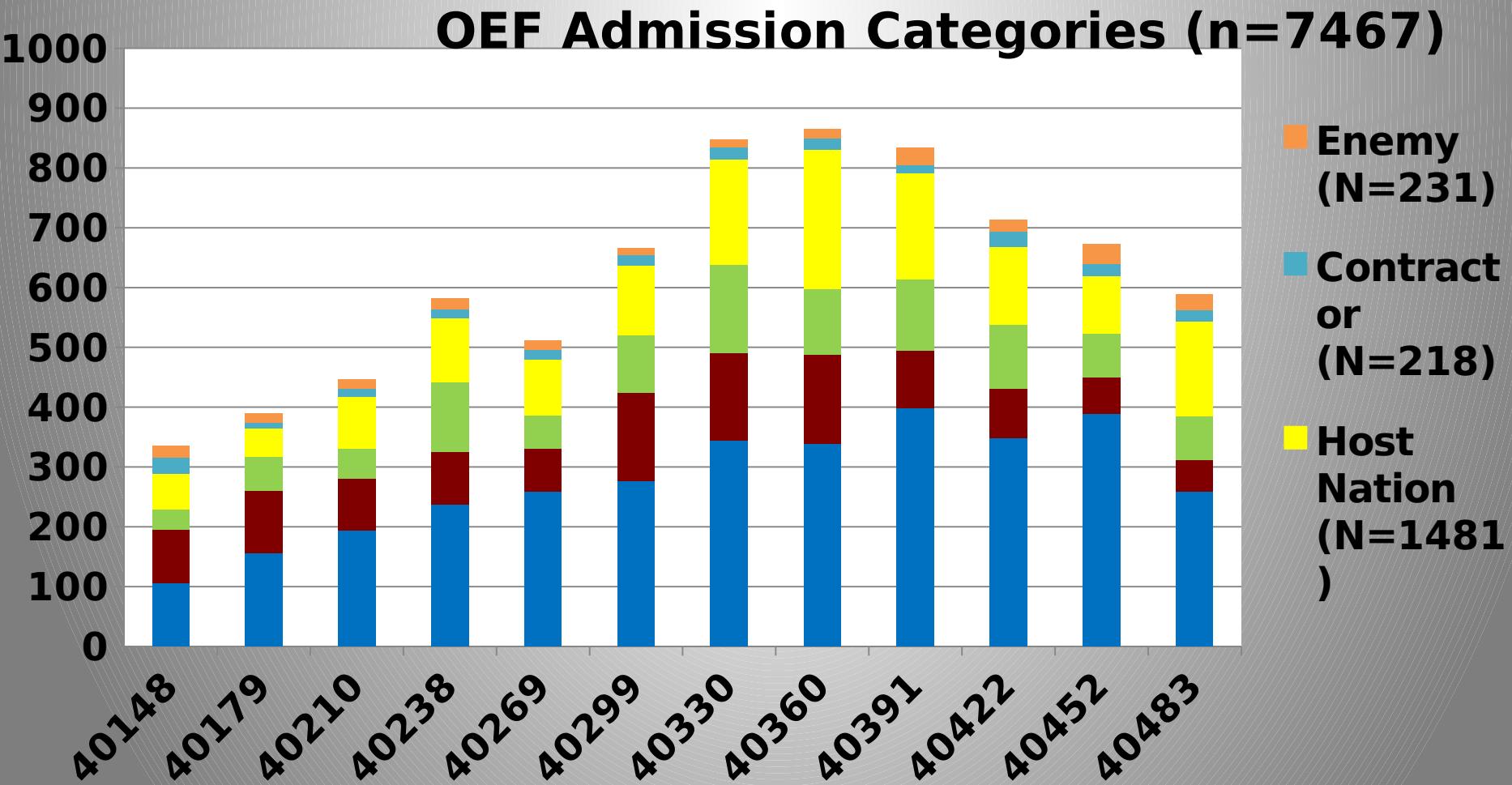


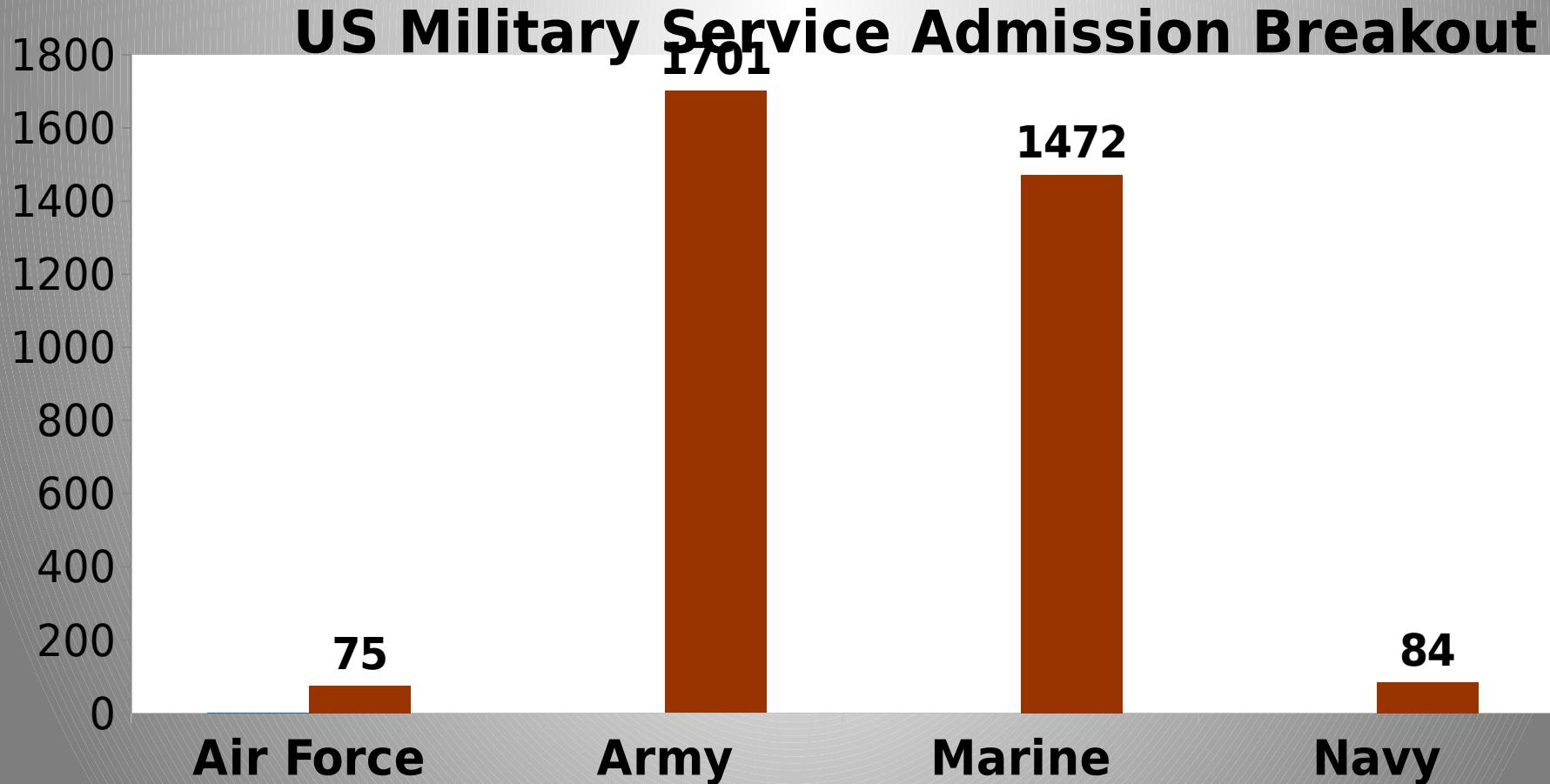
OEF Total Trauma Admissions Battle vs. Non-Battle Injury

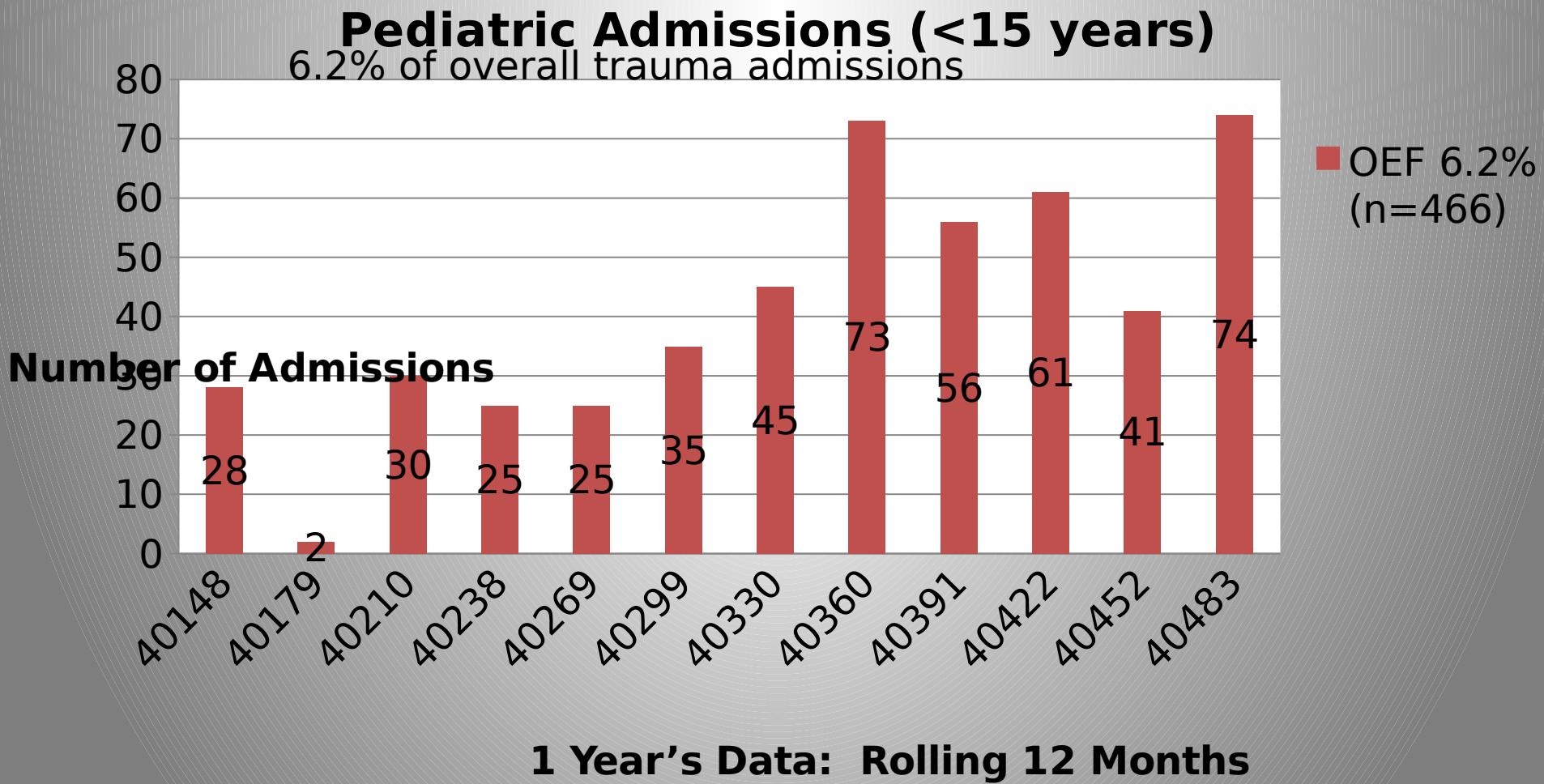
OEF Battle vs. Non-Battle Injury - 1 Year



OEF Admission
Category Break-Down





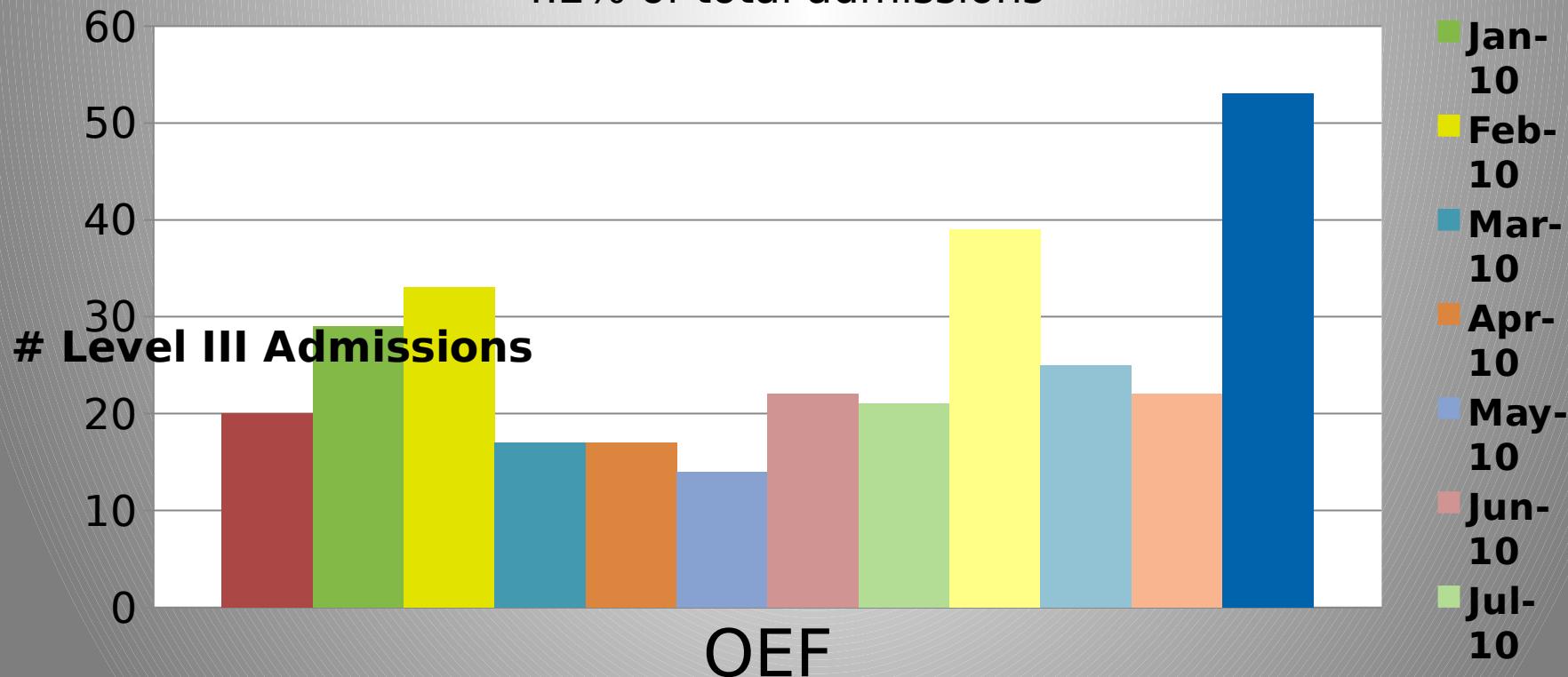


OEF Theater Hypothermia

Admission Temperature < 96 F or < 35.5 C

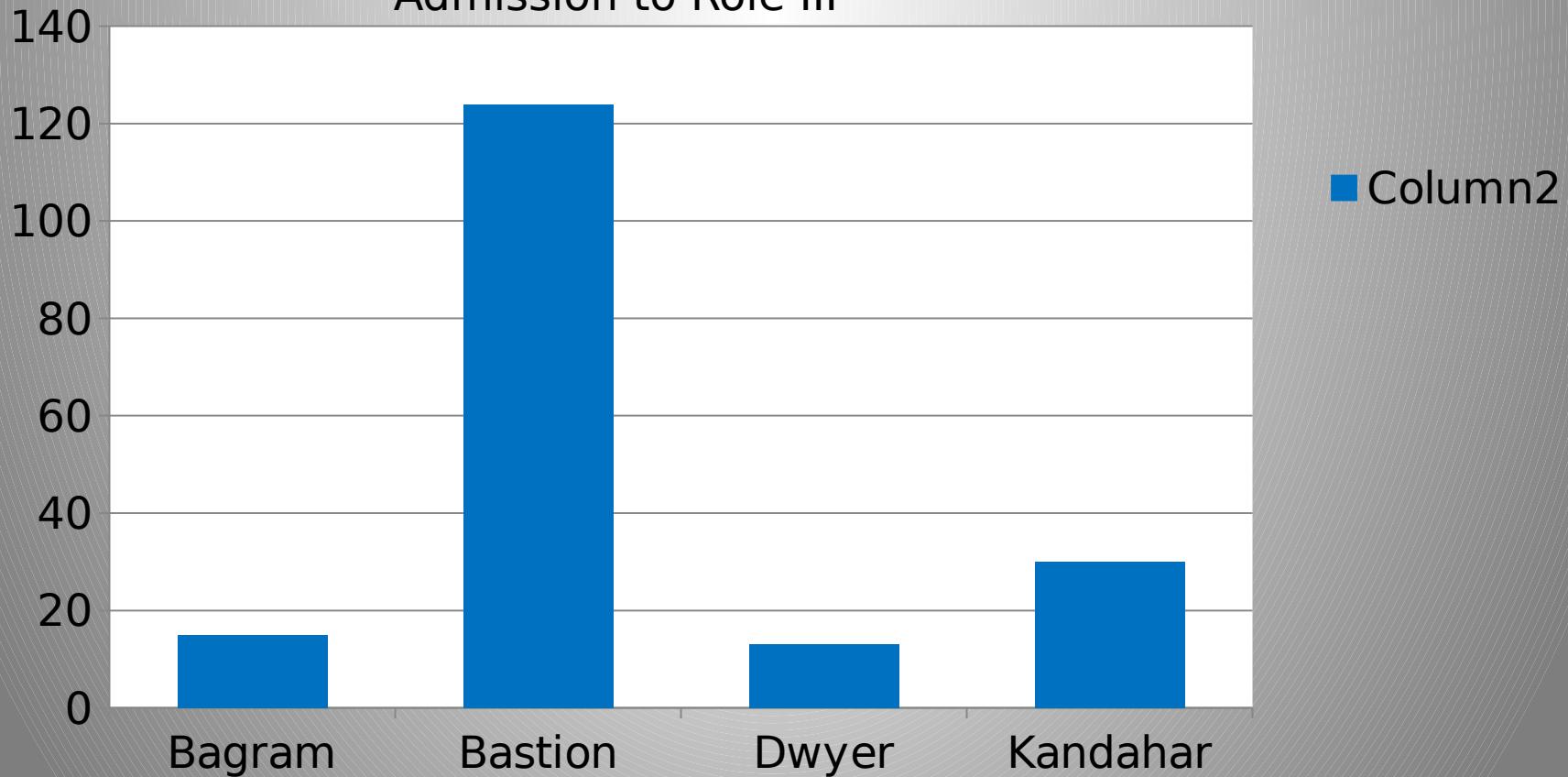
1-Year's Data: Dec 09 - Nov 10

4.2% of total admissions



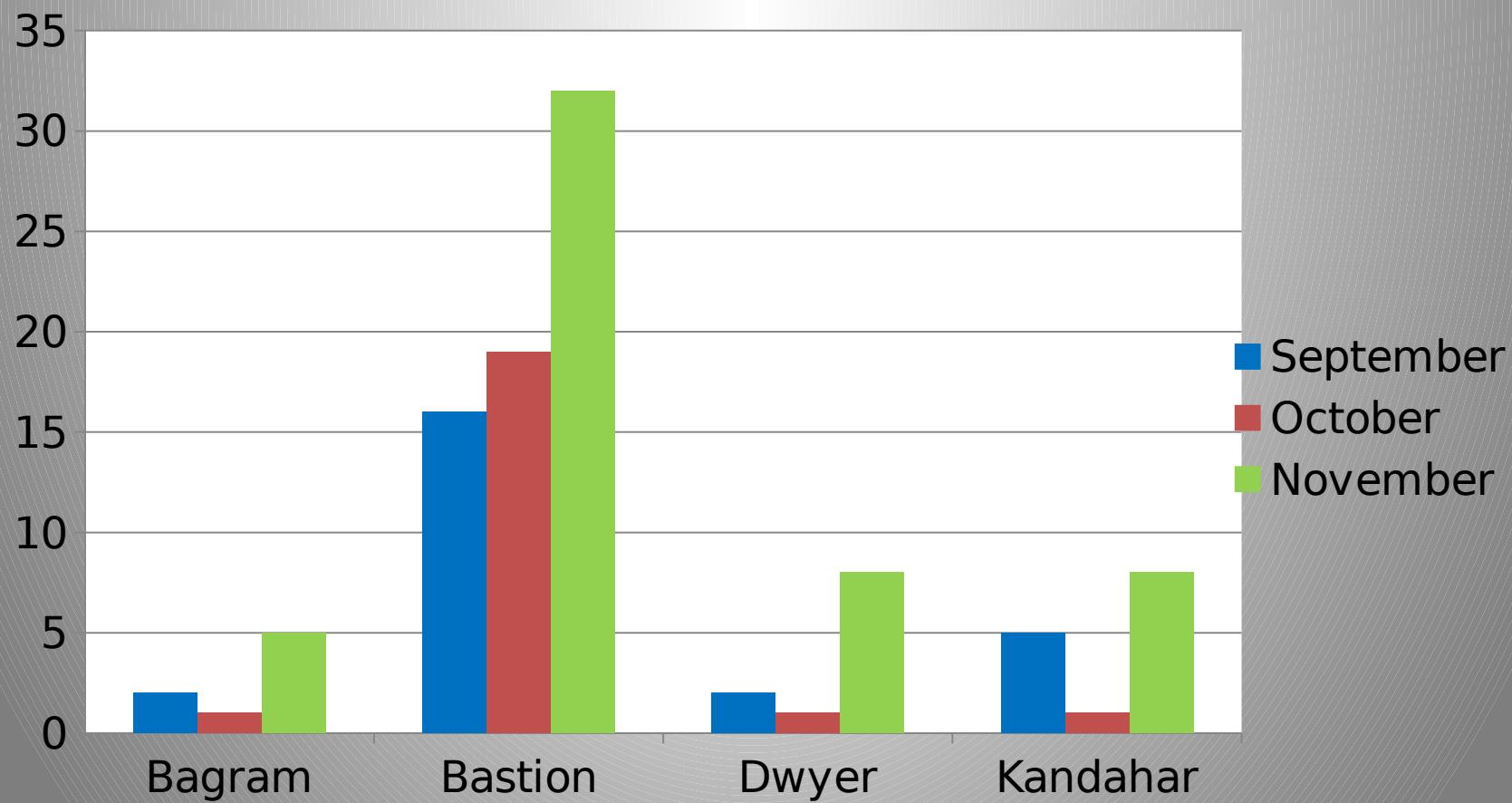
OEF Hypothermia Cases by Facility

Temperature < 96 F or < 35.5 C on
Admission to Role III

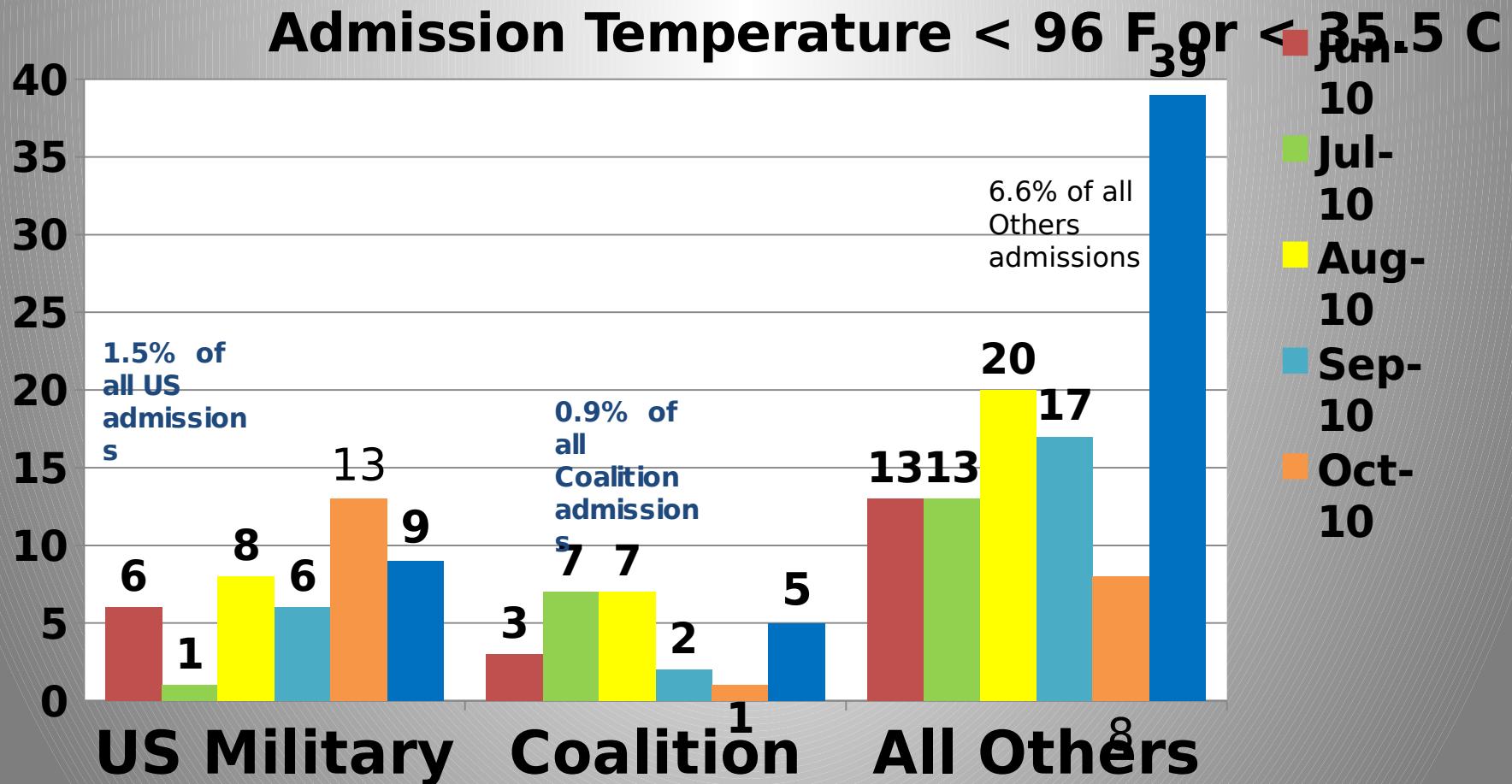


OEF Hypothermia Cases by Facility

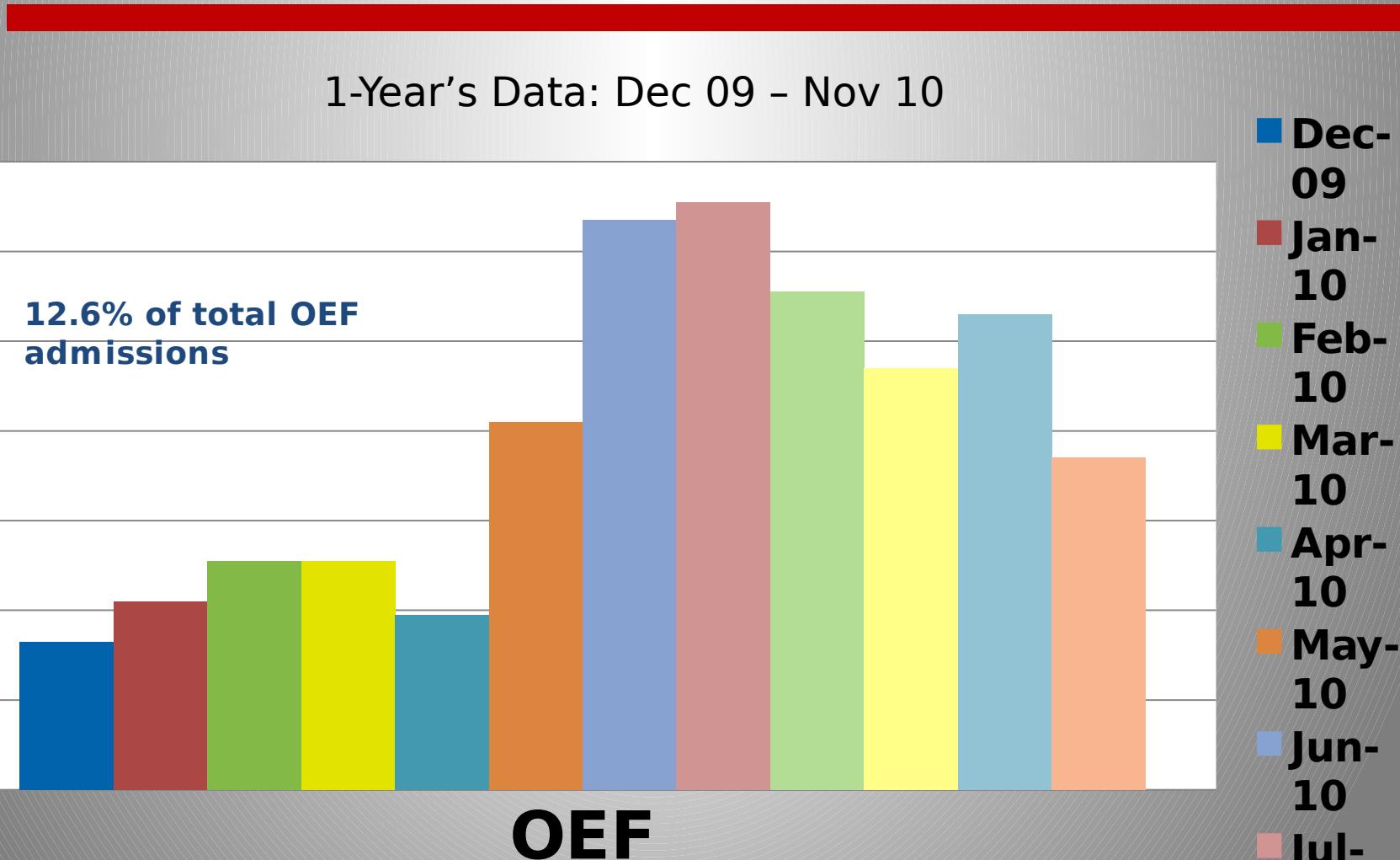
Temperature < 96 F or < 35.5 C on
Admission to Role III



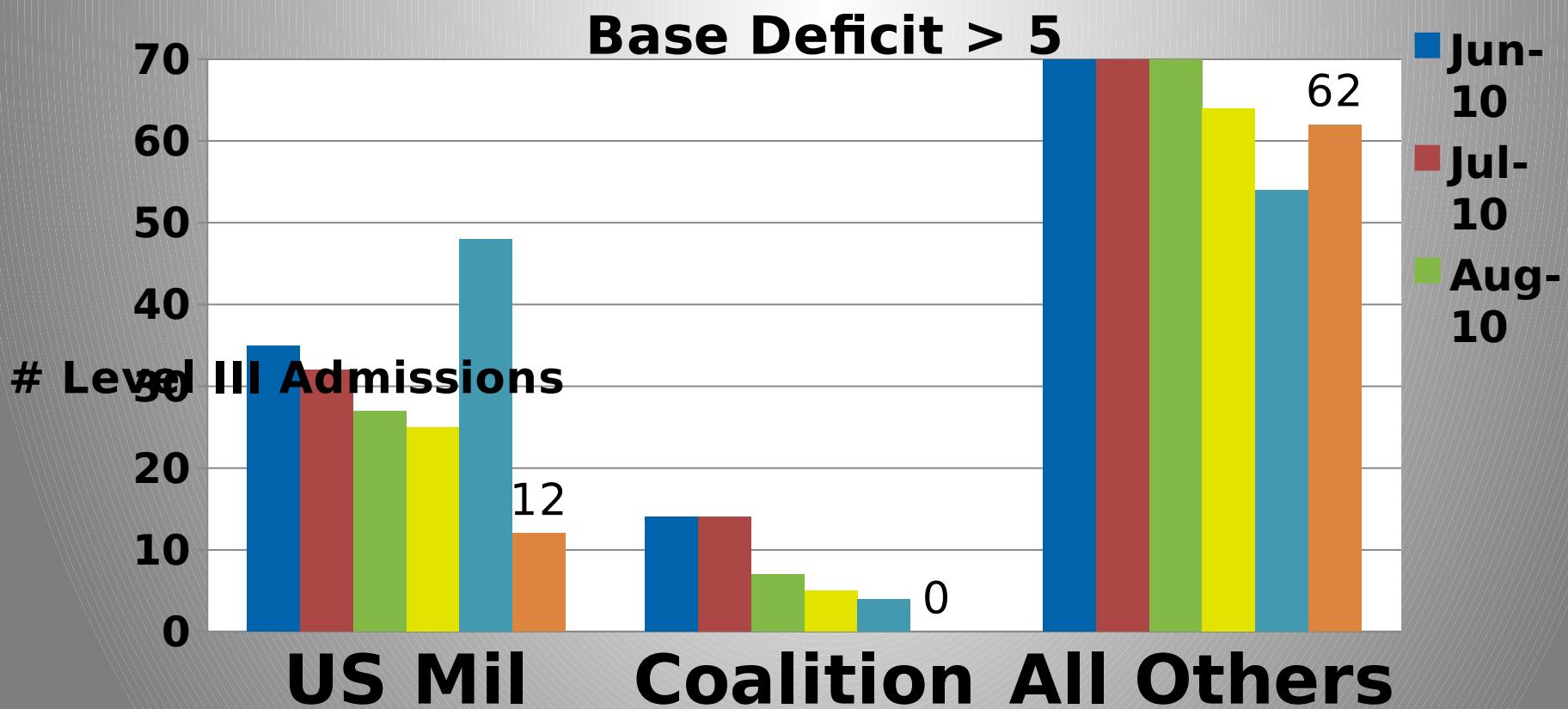
OEF Hypothermia Breakdown



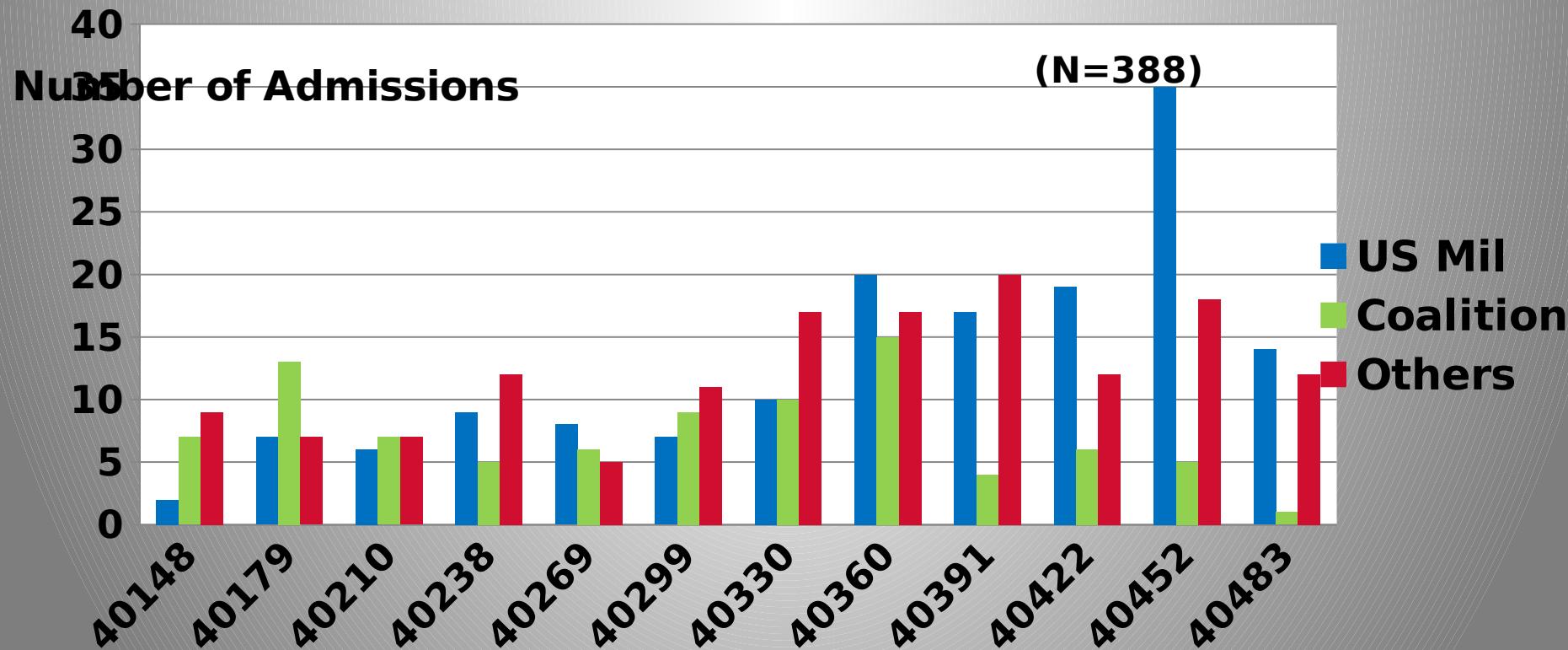
OEF Shock on Admission (BD > 5)



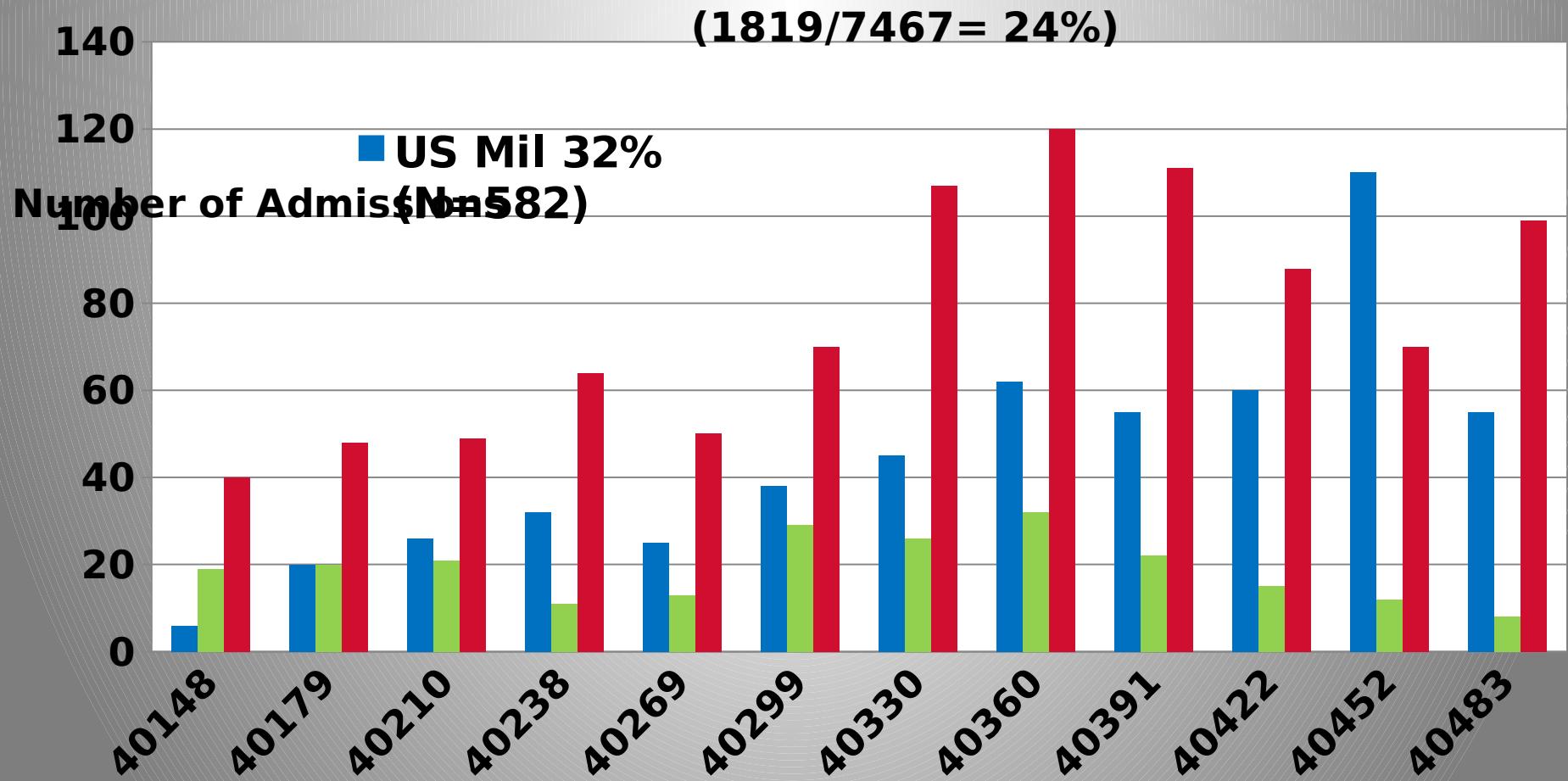
OEF Shock on Admission



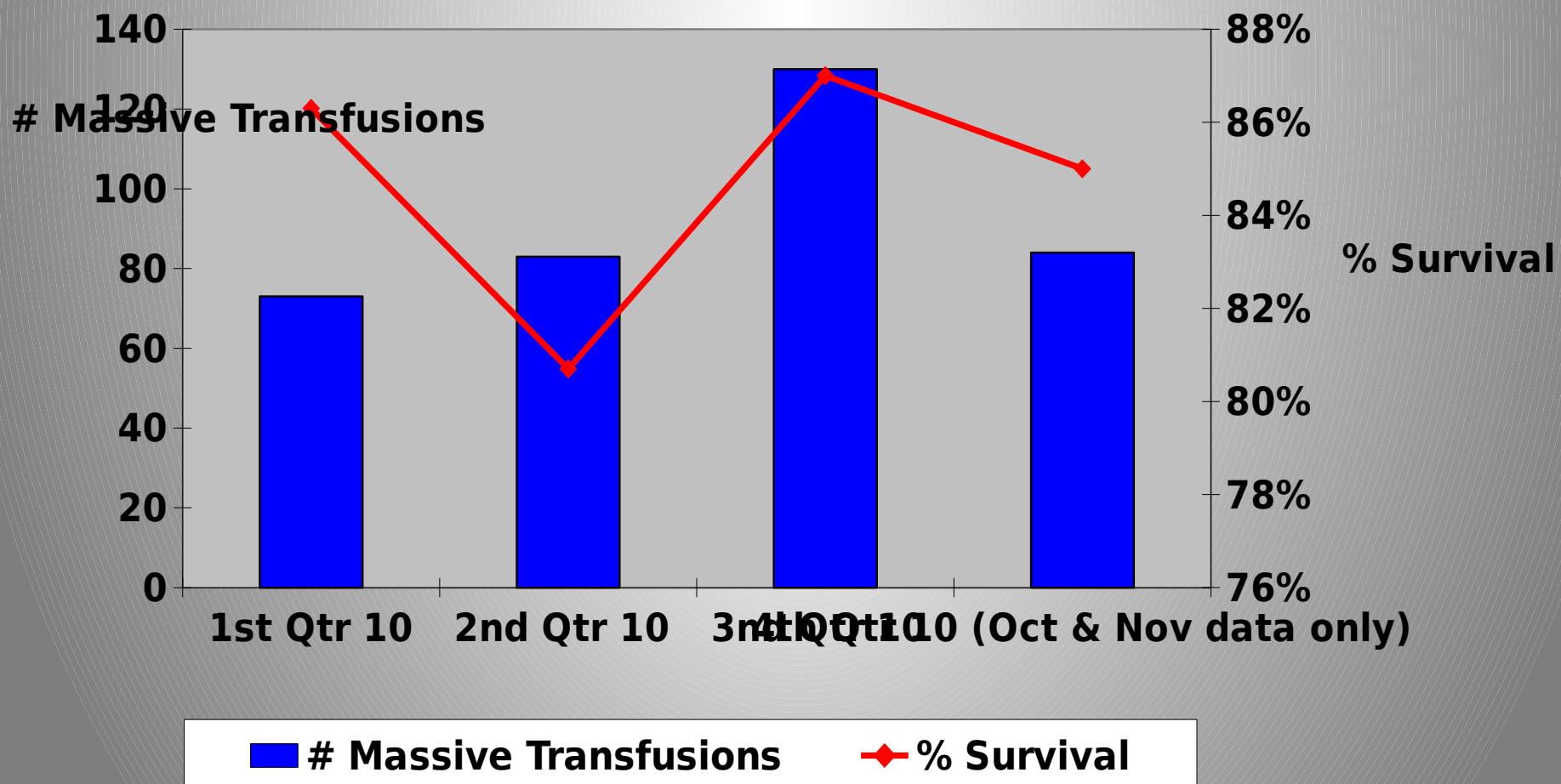
Massive Transfusions Defined as > 10 units PRBCs in 24 hours



OEF Total Casualties Requiring Blood

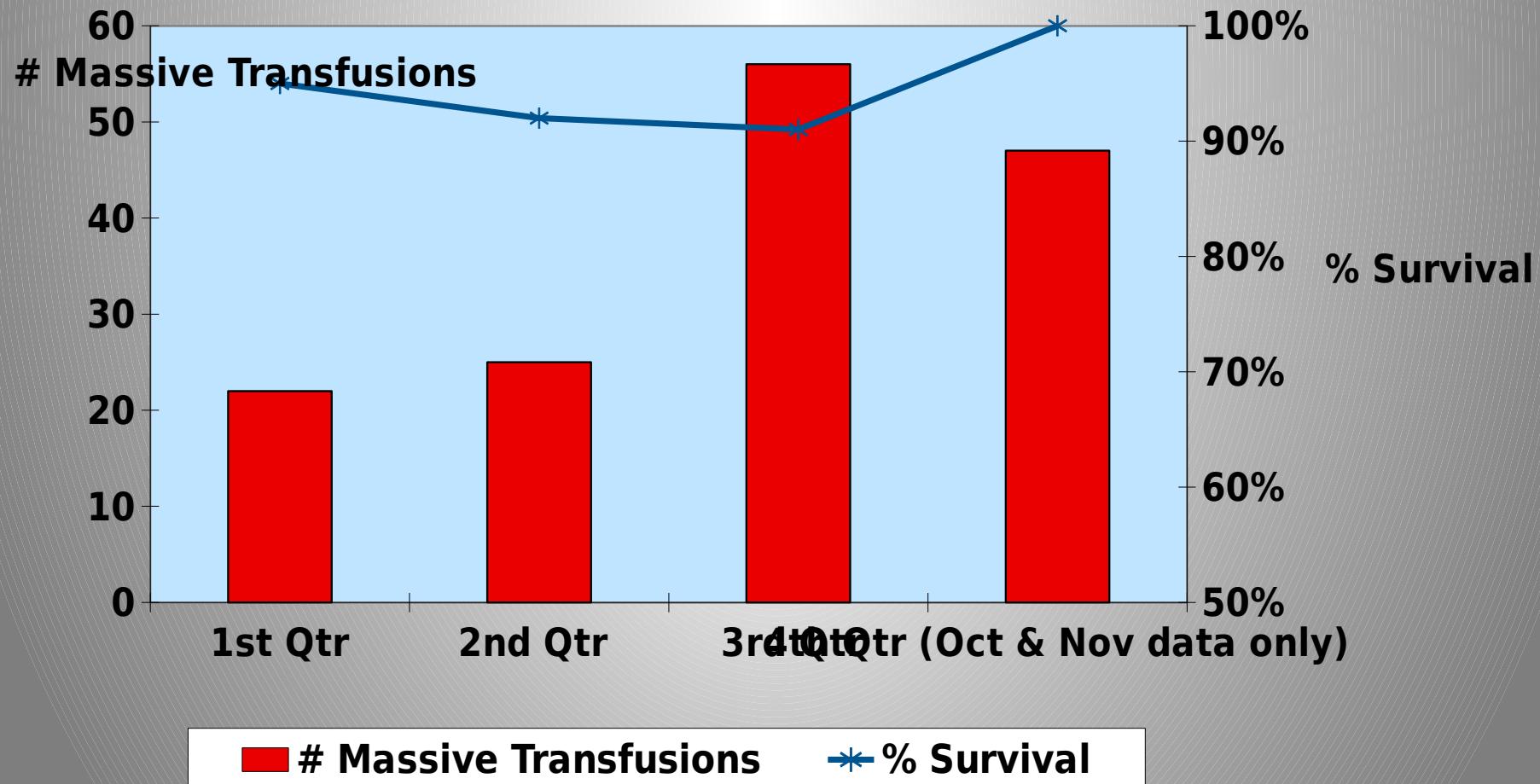


OEF Level III
Massive Transfusion Survival

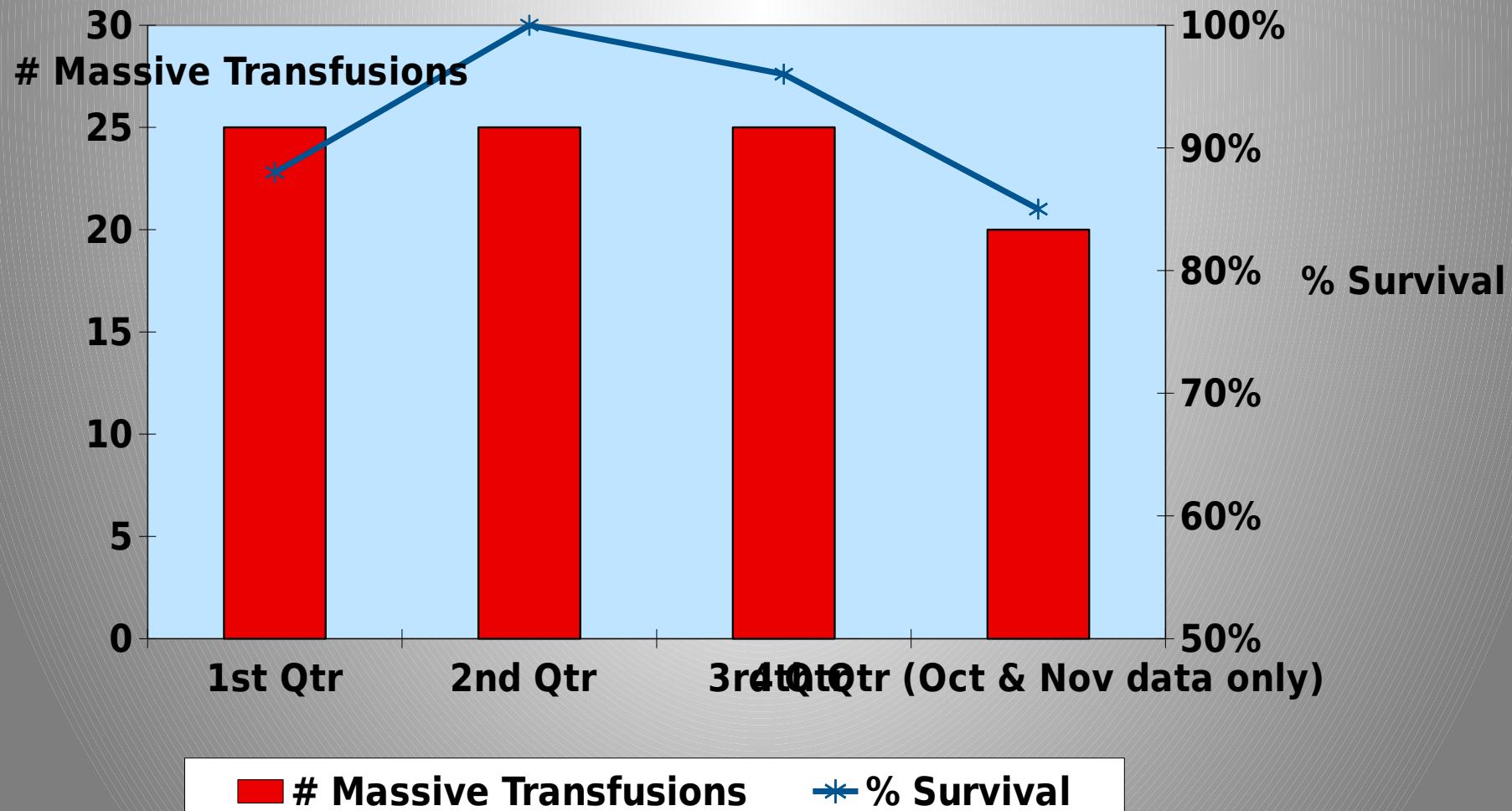


OEF Massive Transfusion Survival

Long Term US Military Only



OEF Massive Transfusion Survival Theater Coalition Only



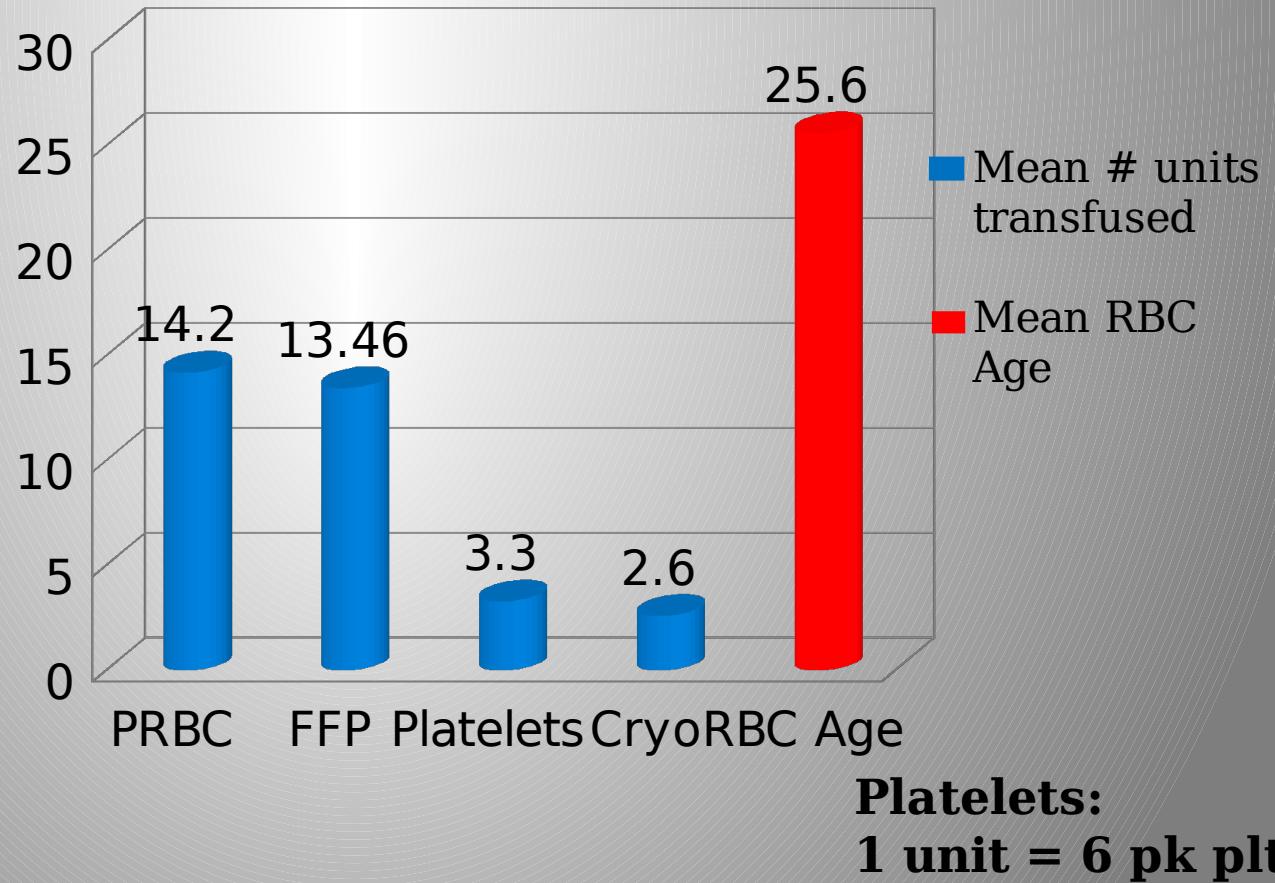
Massive Transfusion Component Therapy



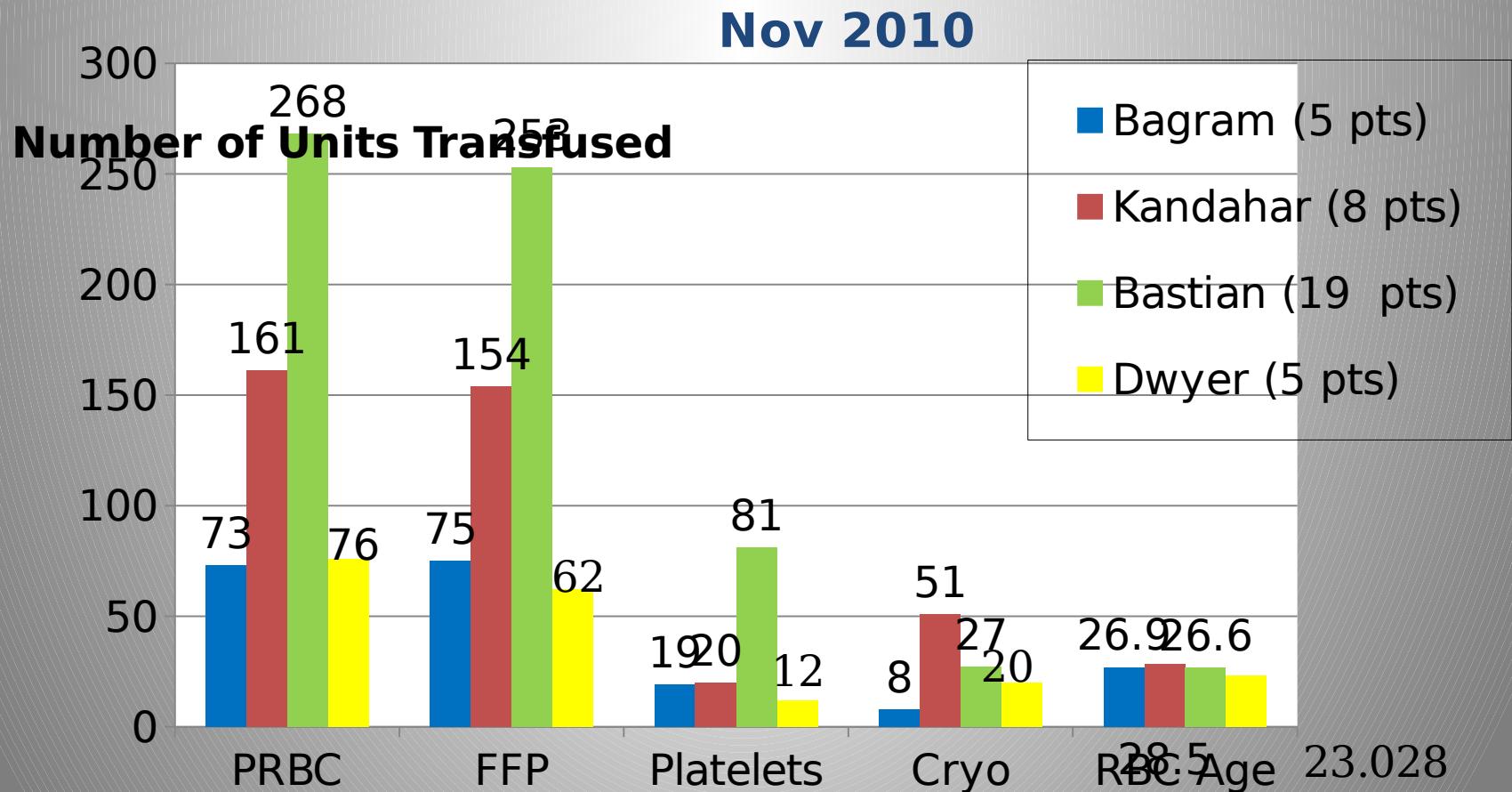
Total Units FWB: 6
(3 patients)

Doses of Factor VII: 2
(Level III Only)

Nov 2010 MT Patients (N= 37)

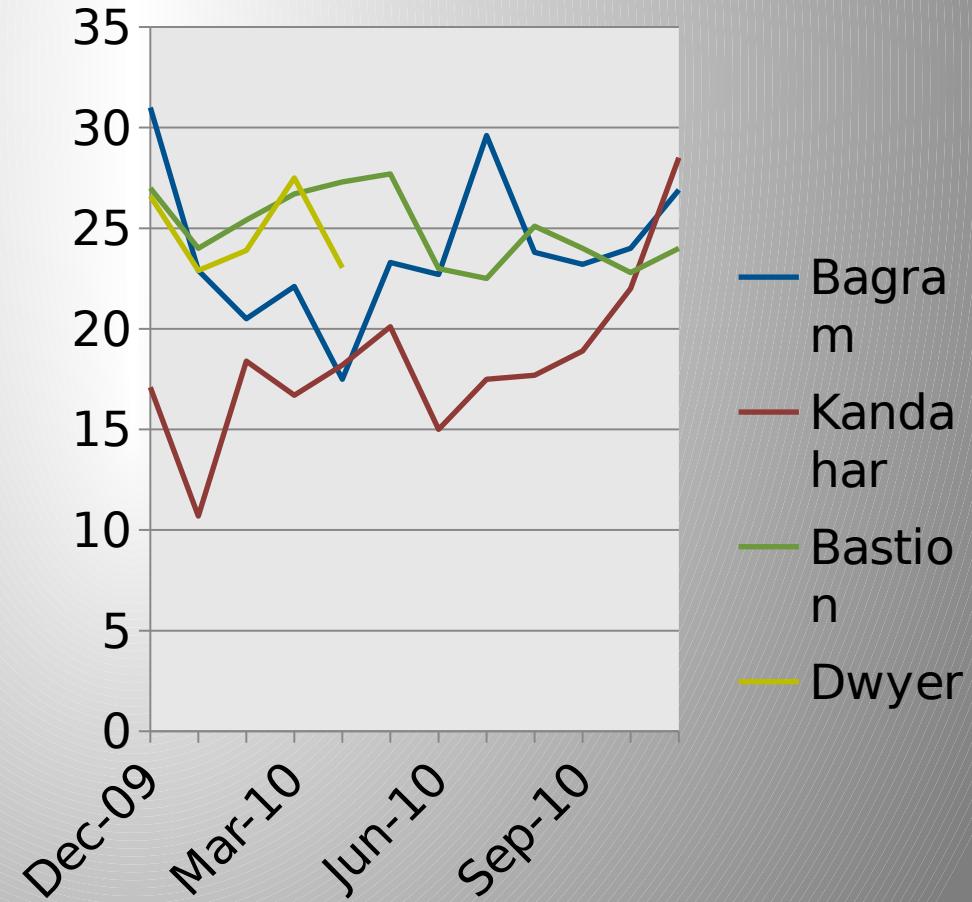


Massive Transfusion Component Therapy by Site

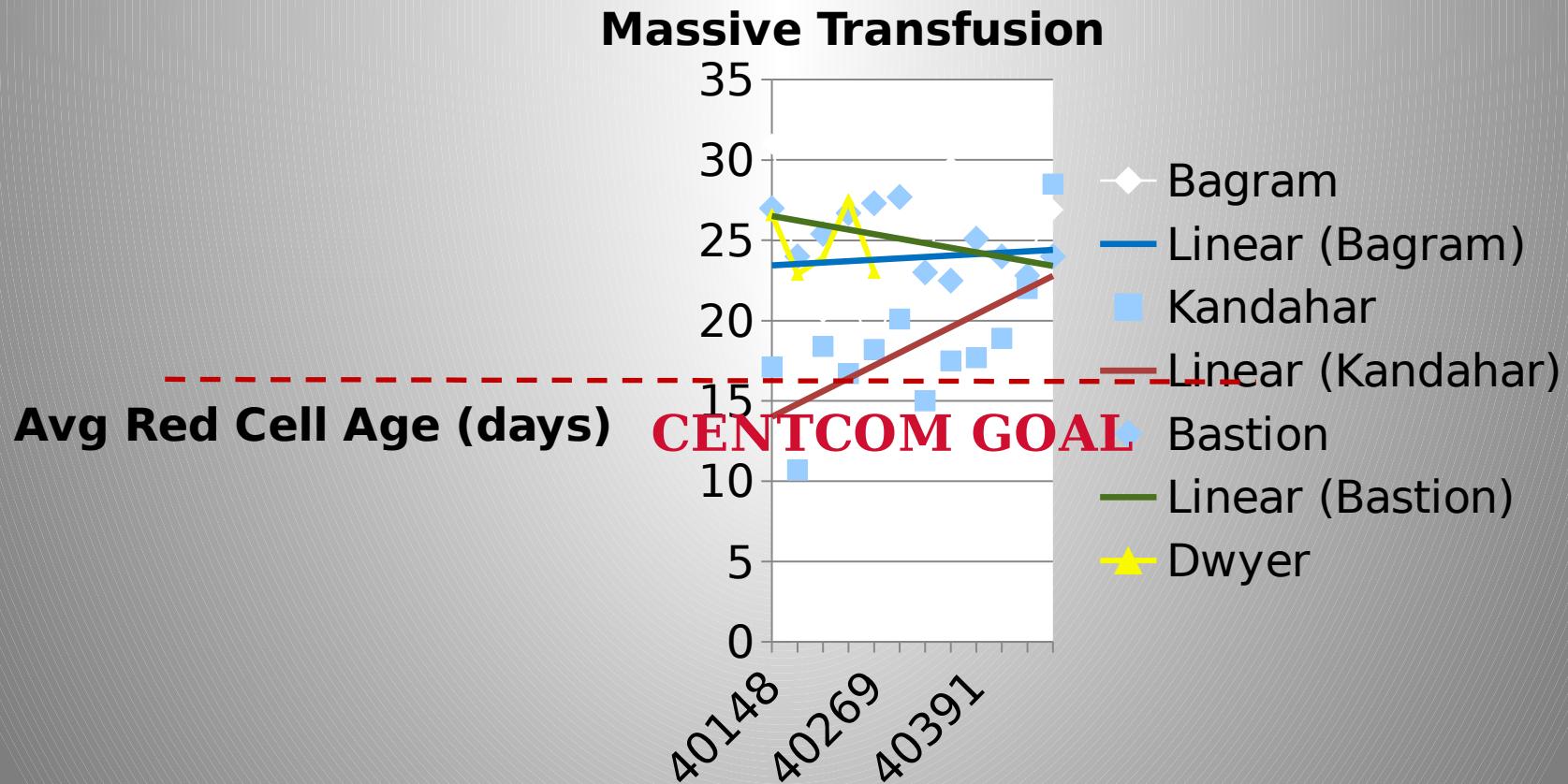


Red Cell Age in Massive Transfusion

Avg Red Cell Age (days)

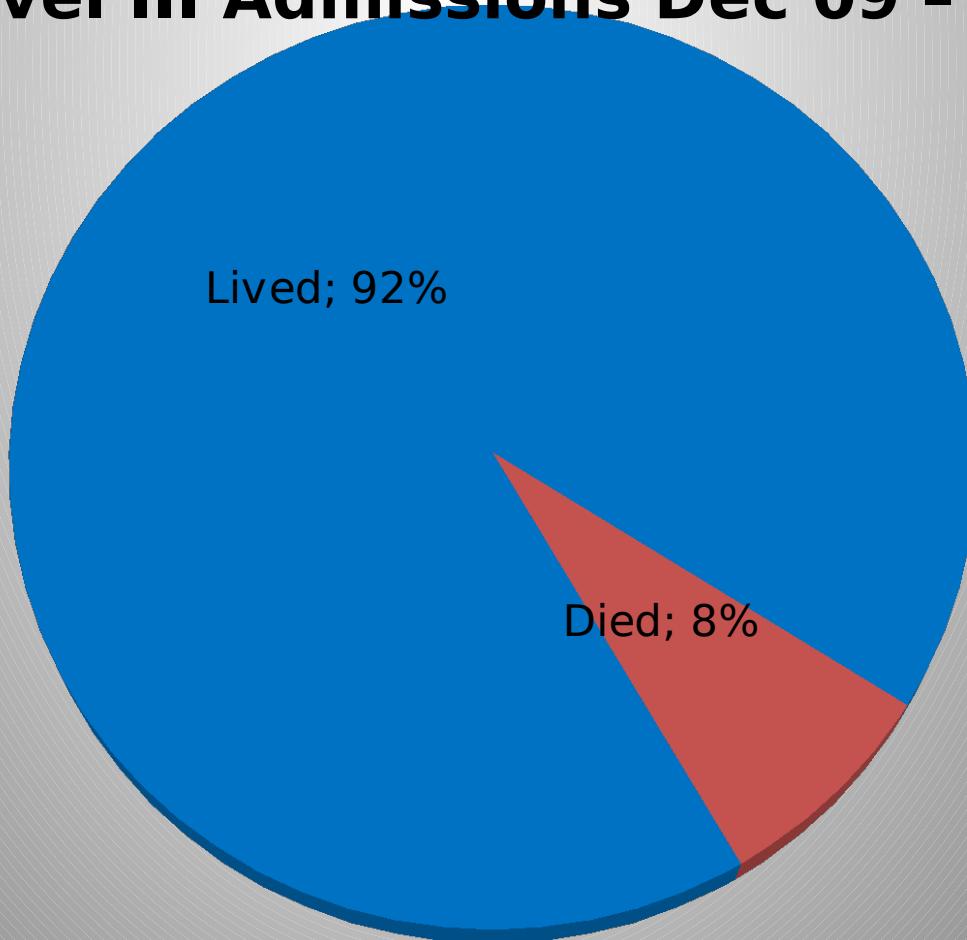


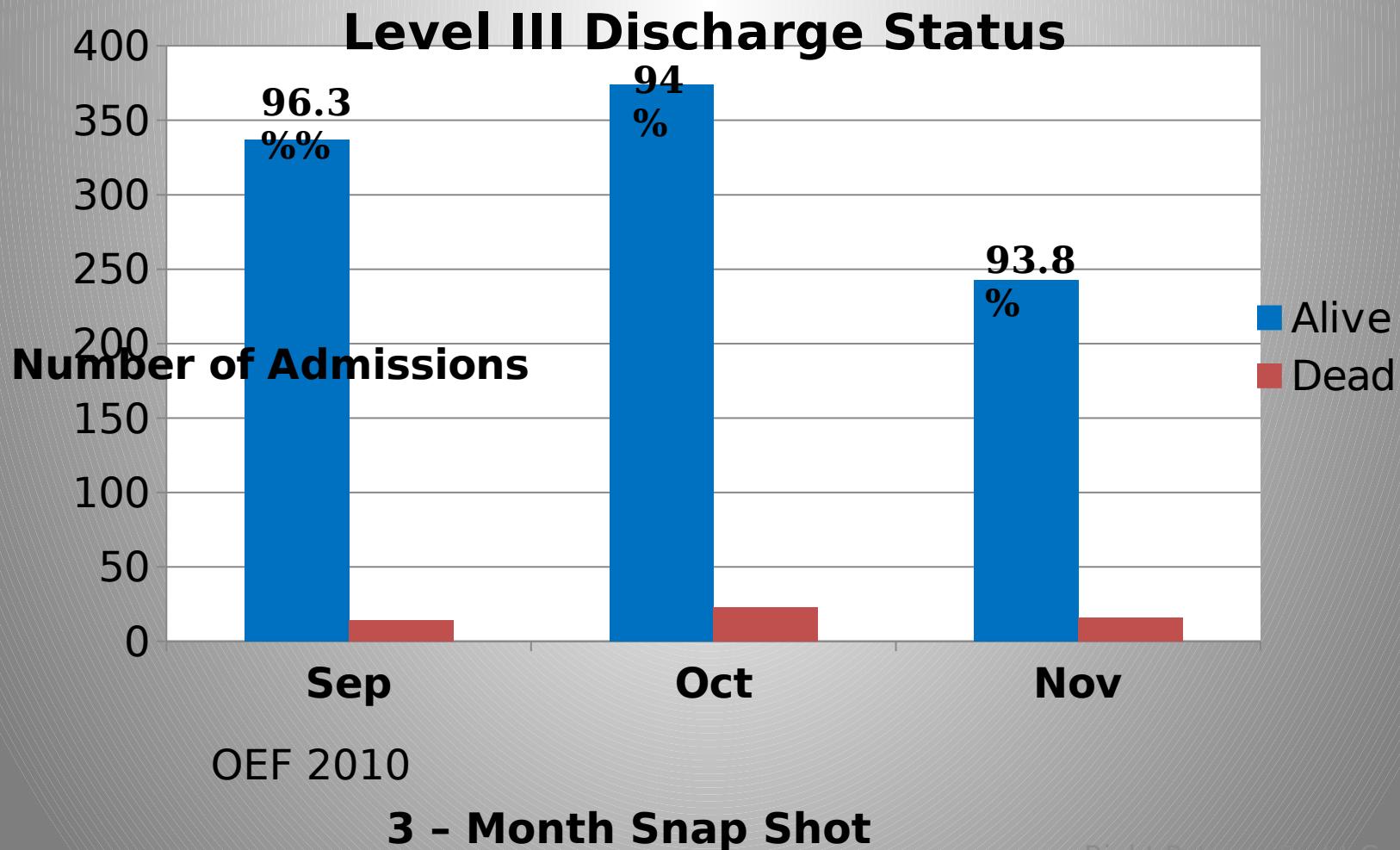
Trend Line of Red Cell Age in Massive Transfusion



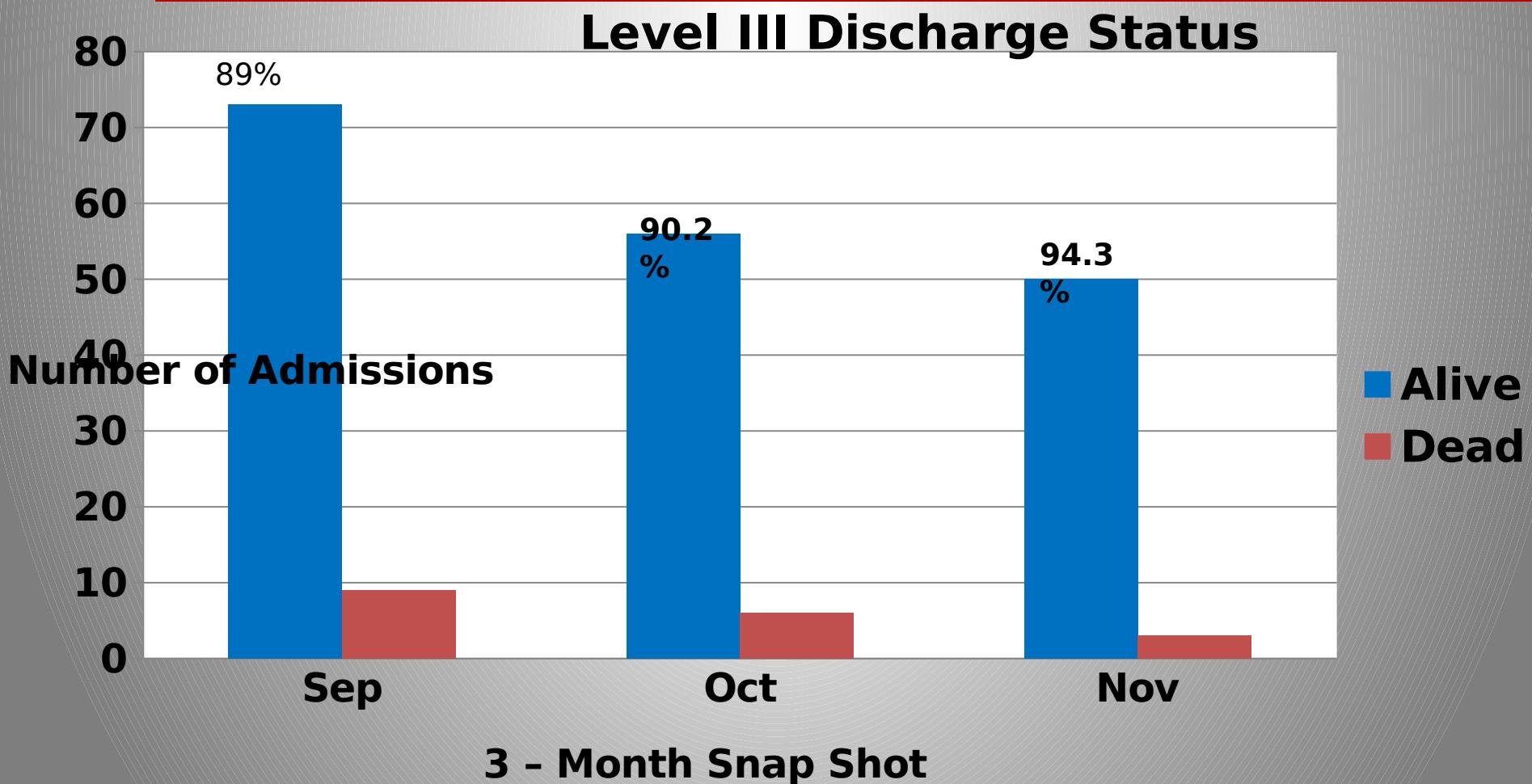
Total Level III Admissions Dec 09 - Nov 10

N= 7476





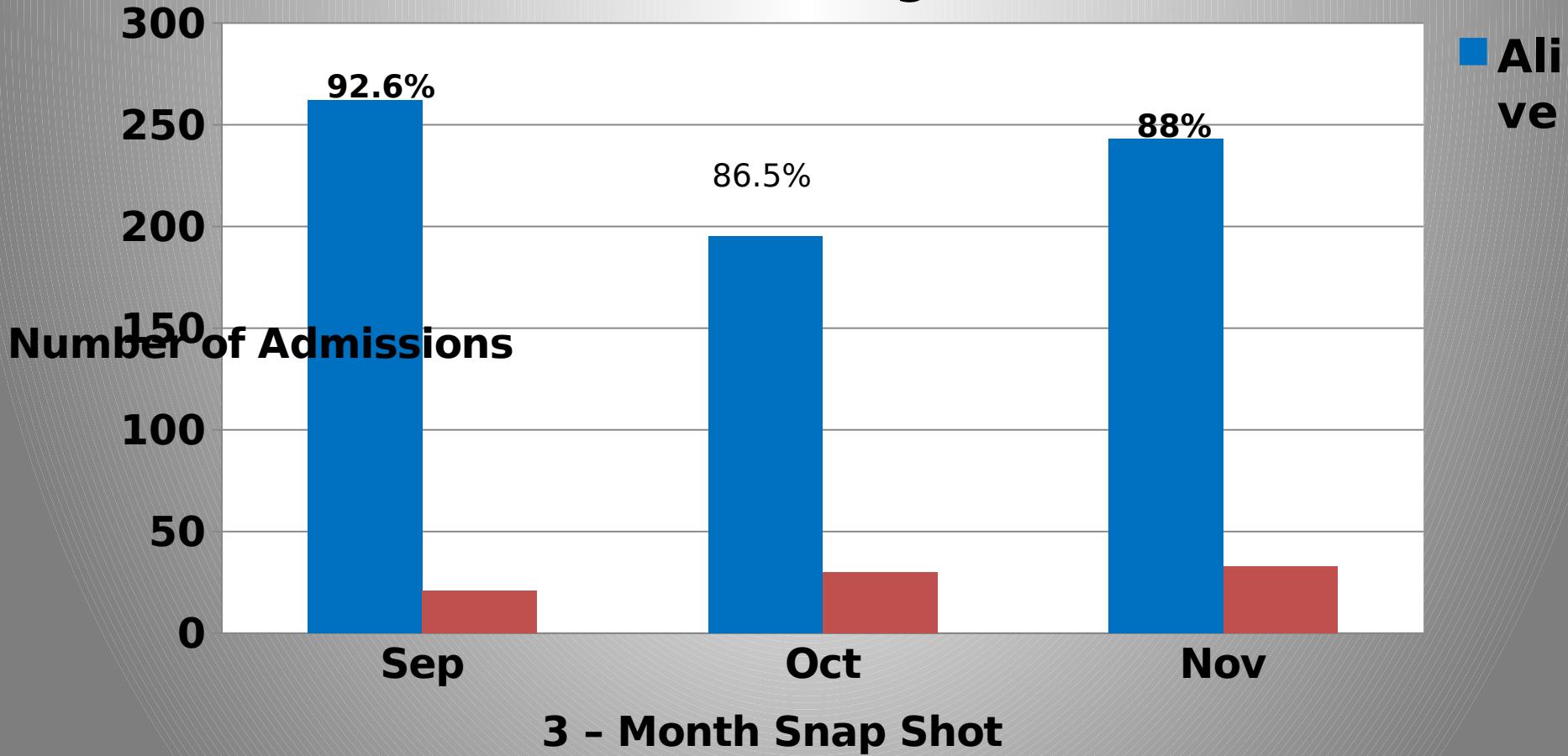
OEF Coalition Military
In Theater Survival



OEF "All Others"
In Theater Survival



Level III Discharge Status



Medical Performance Improvement

Data improves clinical patient care

Performance Improvement

- Trauma System Process Improvement
 - Pre-hospital Care and Triage
 - Timeliness of Care and Procedures
 - Review of Care
 - Appropriateness and Legibility of Documentation
 - Compliance / Development of Guidelines, Protocols and Pathways
 - Prevention

DATA COLLECTION!!!

Scheduled Communications

- Weekly f/u conf call with Level II+, III, IV and V
 - TMDS (Theater Medical Data Store) to list patients from Theater or beyond Theater
 - VTC/TC from Nursing Conf room 0700 Thursdays
 - M&M conference, share lessons learned
- Weekly Trauma Nurse Coordinators call
 - TC including all theater and LRMC/CONUS
- Monthly System-wide VTC for system issues
 - Includes VA, JPMRC, GPMRC, AMC, CENTAF Forward
 - 59MDW begins hosting Feb 07
- JTTS Directors conference call quarterly
- JTTR Tri-service working group

Access Trauma CPGs

CENTCOM CPG

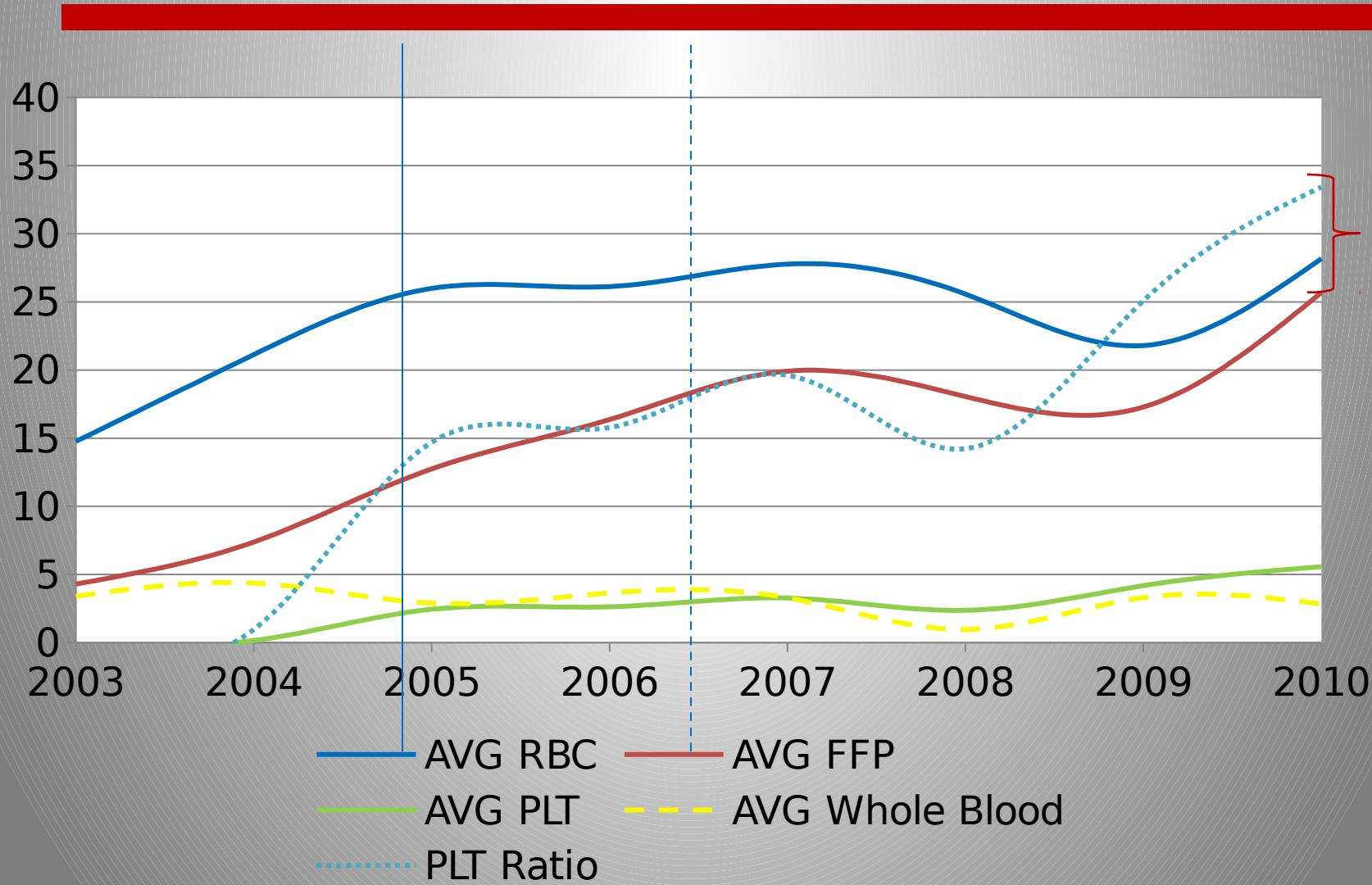
31 CPG

3 Pending (Pain& Sedation, Multiple
Amputation, Renal Replacement)

- <http://www.usaisr.amedd.army.mil/cpgs.html>
- Migration MHS
- Guidelines / Info
 - TMDS
 - CENTCOM CPG

Impact CPG

Massive Transfusion Component Therapy



CPG “Authority”

- SME Panel
 - Military
 - Surgeons General Trauma / General Surgery Consultant
 - Medical Commands
 - Civilian
 - ACS Committee on Trauma
- CENTCOM JTTS Director
- JTS Director and Deputy Director
- CENTCOM SG

Research

Data creates new knowledge

Research Access to JTTR

- Complete a data application and data use agreement
- Internal Review Board (IRB) document must be completed
- Staff will provide input to requestor to refine final output
- Final data reviewed for any public affairs or OPSEC issues
- Currently >200 peer reviewed manuscripts utilizing JTTR data



Contemporary JTTS Issues

JTTS Afghanistan Trauma Conference
28-29 October 2010

JTTS Afghanistan Trauma Conference

- Concept: Evaluate emerging trends in trauma within the Afghanistan AO and develop effective mitigation strategies
- Hosted by KAF Role III
- 50 participants
 - Representation Role III, Role II, RCs
 - US military, coalition military
 - Representation American College of Surgeons
 - Trauma system evaluation

- Medevac documentation
- Enroute critical care sustainment
- Optimizing resuscitation
 - Thromboelastography / ROTEM
- Injury patterns
 - Spine fracture management
 - Multiple amputations
 - Massive transfusion ~100%
 - Wound management / increased infection

DRAFT MEDEVAC Report Template

JTTR ROLE II/ROLE III MEDEVAC REPORT					
MISSION #	BRN	PT LAST NAME	DATE OF MEDEVAC	FLT MEDIC	UNIT
CIRCULATION	<input type="checkbox"/> Check if appropriate		NEUROLOGICAL	Alert	Verbal
BLEEDING		Select location palpated and document rate	(Circle One)	Pain	Unresponsive
PULSES:	CAROTID		HYPOTHERMIA	<input type="checkbox"/> Check if appropriate	
	FEMORAL		HPMK		
	RADIAL		OTHER WARMING		
CPR/ACLS			PAIN MANAGEMENT	<input type="checkbox"/> Check if appropriate	
TOURNIQUET (If Y/time placed)			MEDICATED?		
HEMOSTATIC DRESSING			EQUIPMENT ISSUES	<input type="checkbox"/> Check if appropriate	
IV ACCESS			ZOLL		
VASOACTIVE MEDS			PROPAQ		
OTHER			VENTILATOR		
BREATHING/AIRWAY	<input type="checkbox"/> Check if appropriate		SUCTION		Other
OBSTRUCTED			OTHER		
NEEDLE DECOMPRESSION			HAND OFF ISSUES	<input type="checkbox"/> Check if appropriate	
ORAL AIRWAY			COMMUNICATION		
NASAL AIRWAY		DELAYED DEPARTURE			
LMA (KING LT/COMBI)		EQUIPMENT EXCHANGE			
EMERGENCY CRICH		RE-SUPPLY			
INTUBATION		OTHER			
VENTILATOR		OTHER ISSUES /NOTES			
SUCTION					
JTTR Draft Form September 2010: MEDEVAC DOCUMENTATION: FOR QUESTIONS REGARDING THIS FORM CALL DSN: 318-431-4430: RECEIVING FACILITY: Please scan/email document to: jttmedevac@afghan.swa.army.mil					

- Bastion or Dwyer (N = 43)
 - bilateral transfemoral (8, 19%)
 - transfemoral-transtibial (18, 42%)
 - bilateral transtibial (17, 39%)
- Median SBP [90/65], HR [131] and T [35.2] were consistent with hemorrhagic shock
- Acidosis [pH 7.14] and BD [11.5] and were normalized during initial operation (3.12 ± 1.91 hrs)
- Three (7%) presented in cardiac arrest and 5 (12%) required a resuscitative thoracotomy with aortic cross clamping.

- Clinical Practice Guideline (CPG)
 - Pain management
 - (Ready for CENTCOM SG)
 - Multiple amputation management
 - (Ready for SME vetting)

- New therapies
 - Tranexamic acid (used by UK @ Bastion)
 - Consensus not enough good data to support ubiquitous use
 - Limited use in patients with hyperfibrinolysis?
 - Renal replacement therapy
 - Junctional hemorrhage control

- Provider
 - Pre-deployment training
 - Develop / standardize common elements
 - Emergency War Surgery / Joint Forces Combat Trauma Management Course
 - Clinical practice guidelines
 - Familiarization training with theater electronic health record
 - Theater / deployment site specific MROE

- Provider
 - Optimal resourcing
 - US services grossly overtaxed @ current force structure
 - Modularity based upon casualty volume
 - Resiliency / compassion fatigue

Questions

?